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Social Security Bulletin



November 1956

Volume 19

Number 11

Health Insurance Protection and Medical Care
Expenditures: Findings from Three Family Surveys

International Conference of Social Work: Eighth Session

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Social Security in Review

Program Operations

THE number of old-age and survivors insurance beneficiaries increased rapidly in the 6-year period following the enactment of the 1950 amendments to the Social Security Act. By the end of August 1956, 8.6 million persons were receiving monthly benefits—almost triple the number in August 1950. This rapid growth reflects in large part the more liberal eligibility provisions under the 1950 amendments, the broader coverage under the 1950 and 1954 amendments, and the successive liberalizations in the retirement test under the 1950, 1952, and 1954 amendments.

Monthly benefits were being paid at the end of August at a monthly rate of \$452.3 million—more than seven times the rate 6 years earlier. The great expansion of the beneficiary rolls and the successively higher benefit rates provided by the 1950, 1952, and 1954 amendments—through conversion tables and revisions in the benefit formula—were chiefly responsible for this increase. Other contributing factors were (1) the rising proportion of benefits computed on the basis of earnings after 1950 and (2) the increasing number computed under the provisions of the 1954 amendments that permit the 4 or 5 years of lowest covered earnings and periods of total disability to be dropped in the computation of the average monthly wage.

Monthly benefits were awarded in August to 166,600 persons, more than triple the number awarded in August 1950 and more than in August of any other year. One reason for the unprecedented number of awards was the fact that April-June was the first quarter that many workers newly

covered under the 1954 amendments could acquire their sixth quarter of coverage and become eligible for benefits. Wife's or husband's benefits were awarded to a record high of 33,800 persons. Lump-sum death payments totaling \$10.1 million were awarded in August to 53,300 persons.

During August, about 279,000 applications for benefits were filed in the district offices of the Bureau of Old-Age and Survivors Insurance. This is the largest number filed in any month since the beginning of the program and 50 percent more than the monthly average for the first half of 1956. Preliminary figures indicate that this record number will be surpassed in September. The increase resulted chiefly from the lowering to 62 of the

age at which women may qualify for benefits under the 1956 amendments; almost 88,000 women aged 62-64 filed applications for benefits in August. Benefits under this provision first become payable for November 1956, although applications may be filed any time after August 1. Women eligible for benefits as widows or dependent parents will receive full-rated benefits at age 62. Retired working women and wives may elect to receive actuarially reduced benefits between ages 62 and 65. Further sharp increases in the beneficiary rolls are therefore indicated beginning in November.

● The downward trend in the total number of persons receiving public assistance was reversed in August,

	August 1956	July 1956	August 1955
Old-age and survivors insurance:			
Monthly benefits in current-payment status:			
Number (in thousands)	8,566	8,451	7,725
Amount (in millions)	\$452	\$445	\$395
Average old-age benefit (retired worker)	\$63.15	\$62.91	\$61.37
Average old-age benefit awarded in month	72.89	71.65	69.15
Public assistance:			
Recipients (in thousands):			
Old-age assistance	2,515	2,519	2,552
Aid to dependent children (total)	2,232	2,229	2,199
Aid to the blind	106	106	104
Aid to the permanently and totally disabled	262	260	240
General assistance (cases)	296	288	297
Average payments:			
Old-age assistance	\$55.15	\$55.01	\$52.38
Aid to dependent children (per family)	90.01	89.53	86.81
Aid to the blind	61.08	60.46	56.53
Aid to the permanently and totally disabled	57.01	56.35	55.35
General assistance (per case)	54.11	52.28	52.90
Unemployment insurance:			
Initial claims (in thousands)	836	1,118	877
Beneficiaries, weekly average (in thousands)	932	976	839
Benefits paid (in millions)	\$112	\$112	\$93
Average weekly payment for total unemployment	\$27.04	\$26.93	\$24.94

partly as a result of the strike in the steel industry. Under all programs combined, about 5.8 million persons received aid. The increase centered in general assistance, where about 8,000 more cases and 50,000 more persons were on the rolls in August than in July. Although the labor dispute was settled early in August, because of the lapse of time before receipt of the first pay checks some families still needed aid for part or all of the month. A few more families (287) received aid to dependent children in August than in July; 30 States—an unusually high number for a summer month—reported increases. Only six States, however, reported increases of as much as 1 percent. Recent trends continued in the other assistance programs, with a relatively small decrease in old-age assistance and slight rises in aid to the blind and aid to the permanently and totally disabled.

Caseload changes in a few States were fairly sizable in old-age assistance and general assistance and affected the national totals considerably. In South Carolina, 3,300 fewer persons received old-age assistance, principally as a result of a new lien law that became effective in July. In the other direction, the repeal of a lien law in Kentucky, effective in May, contributed largely to the increase of 600 in the number of aged recipients in that State. For the second consecutive month the number of general assistance cases rose sharply in Indiana and Pennsylvania,

where the changes were 4,800 and 2,800, respectively. These States have communities that were among those most affected by the labor dispute.

Total expenditures went up \$2.1 million, or 0.9 percent, in August to a total of \$236.6 million. The increase in general assistance expenditures (\$989,000, or 6.6 percent) accounted for a large proportion of the total increase. Higher total payments were recorded for each of the special types of public assistance, with the largest increases occurring in aid to dependent children (\$322,000) and aid to the permanently and totally disabled (\$258,000).

In each program, a majority of the States reported higher average payments. As a result, the national averages also were higher than in July. For the special types of public assistance the increases ranged from 14 cents in old-age assistance to 66 cents for aid to the permanently and totally disabled. In a few States the average payment changed substantially in one or more programs. An increase of \$23, the greatest by far, occurred in the program for the blind in Louisiana when the standards of assistance were adjusted upward and a new law establishing a minimum standard of need of \$60 per recipient was put into effect; the maximum of \$95 was not changed.

In New Mexico, adjustments in the standards of assistance for the old-age assistance and aid to the permanently and totally disabled programs

accounted for increases of \$1.76 and \$5.02, respectively, in average payments. Average payments for old-age assistance, aid to dependent children, and aid to the permanently and totally disabled increased considerably more in Massachusetts than in the country as a whole as a result of recent action taken by the State to keep the level of payments in line with changes in living costs.

In Hawaii the temporary inclusion in the budget of an extra clothing allowance for school children was responsible for an increase of \$7.80 in the average payment per family receiving aid to dependent children.

The higher average general assistance payment for the Nation as a whole reflects, at least in part, the large number of family cases in need because of the strike in the steel industry. Even though the average payment per case rose \$1.83, the average payment per person dropped 21 cents. Increases in average payments per case were reported by 32 of the 46 States for which averages could be computed. The largest increases were reported by Michigan (\$6.07), Minnesota (\$3.00), and Pennsylvania (\$7.09).

● New and continued unemployment among workers covered by the State unemployment insurance programs and the program of unemployment compensation for Federal employees declined in August, with the

(Continued on page 24)

	August 1956	July 1956	August 1955	Calendar year 1955	1954
Civilian labor force, ^{1 2} total (in thousands)	68,947	69,489	67,725	65,847	64,468
Employed	66,752	66,655	65,488	63,193	61,238
Unemployed	2,195	2,833	2,237	2,654	3,230
Personal income ^{1 3} (billions; seasonally adjusted at annual rates), total	\$328.2	\$324.3	\$308.7	\$306.1	\$287.3
Wage and salary disbursements	227.1	224.0	213.4	210.4	195.5
Proprietors' income	41.3	40.8	39.0	39.0	38.4
Personal interest income, dividends, and rental income	39.6	39.4	37.1	37.4	35.4
Social insurance and related payments	13.7	13.5	12.3	13.1	11.9
Public assistance	2.5	2.5	2.4	2.5	2.4
Other	9.8	9.9	9.8	9.0	8.3
Less: Personal contributions for social insurance	5.9	5.8	5.3	5.2	4.6
Consumer price index, ^{1 4} all items	116.8	117.0	114.5	114.5	114.8
Food	113.1	114.8	111.2	110.9	112.6
Medical care	133.3	132.7	128.0	128.0	125.2

¹ Data relate to continental United States, except that personal income includes pay of Federal personnel stationed abroad.

² Bureau of the Census.

³ Data from the Office of Business Economics, Department of

Commerce. Components differ from those published by the Department, since they have been regrouped; for definitions, see the *Annual Statistical Supplement, 1955*, page 7, table 1.

⁴ Bureau of Labor Statistics.

Health Insurance Protection and Medical Care Expenditures: Findings From Three Family Surveys

by AGNES W. BREWSTER and SIMON DINITZ*

A recently published report of a nationwide survey¹ showed family medical costs in relation to ownership of voluntary health insurance. The present study, based on surveys of a smaller group of families in three areas, permits a similar examination of the effect of health insurance on family spending for medical care. The findings corroborate those of the national study in many respects. In addition, some special analyses that augment those contained in the nationwide survey were possible in this smaller study.

TO determine insurance consumption patterns, including life insurance, pensions and annuities, automobile, fire and theft coverage, and health insurance, surveys were made in 1953 and 1954 of 473 families in three different areas. The schedules provided for detailed information on expenditures for medical care; the extent to which hospitals and the services of physicians, surgeons and obstetricians, and dentists were used; and the amounts and types of health insurance benefits received by insured families.²

This study deals with the experiences of the 473 families—102 in Columbus, Ohio; 151 in New Haven, Connecticut; and 220 in Vermont. Taken together, though not a true cross section of the population, they appear to be representative of urban

and rural families in many respects. A total of 1,657 persons were members of the 473 families.

The field work for the original surveys was directed in New Haven by Theodore Anderson of the Department of Sociology of Yale University; in Vermont by the Department of Rural Economics of the University of Vermont; and in Columbus by The Ohio State University Research Foundation.

Expenditures for medical care, health insurance benefits received, and utilization of medical services during a 12-month period were recorded for each family. The Columbus families were interviewed in the summer of 1953, and the New Haven and Vermont interviews were held in 1954. The findings about the health insurance protection of the families in the three localities and the distribution of the various components of their medical care bills, when averaged, closely reflected the findings from studies of national medical care expenditures. It therefore seemed worthwhile to examine more closely the material collected through these family interviews and to amplify the material presented in the original studies. The data for the three localities have also been combined, and further analyses of the findings have been made.

The families studied fall in the category of "lower to upper middle-class" in income and other characteristics. The sample was drawn from among the holders of some form of

automobile insurance policy purchased from a mutual insurance company that had large numbers of policyholders in the three areas. The universe from which the random sample was drawn therefore excluded families that were not car owners, an approach that apparently excluded those with very low incomes. There seemed to be no reason to assume, however, that car-owning families would differ materially from all families in corresponding income brackets in the medical care that they received or in the health insurance that they owned. Rural families were overrepresented, since they made up 47 percent of the sample though nationally they represent only a third of all families.

The authors fully recognize the limitations inherent in the sample but believe that the confirmation of other studies and the opportunity afforded for analyzing family expenditures and medical care utilization in relation to ownership of health insurance make the findings of considerable interest.

Families in Survey

Ownership of insurance.—The families in the study were closely questioned about the kinds of health insurance policies they held. Each interview included questions as to which family members were covered for each type of protection (hospitalization, surgical, or medical expense insurance) and whether any member had more than one policy covering the same service.

When the replies were analyzed, respondents who were covered by a poliomyelitis-expense insurance policy were recorded as having some form of medical expense insurance. A total of 61 polio-expense policies were reported; 13 were the only type of health insurance policy held, and 48 were supplemental to other types.

* Mrs. Brewster is on the staff of the Division of Program Research, Office of the Commissioner, and Dr. Dinitz is assistant professor in the Department of Sociology and Anthropology of The Ohio State University. The authors wish to thank William Wandel and Robert Rennie for helping to make the study possible.

¹ Odin W. Anderson with Jacob J. Feldman, *Family Medical Costs and Voluntary Health Insurance: A Nationwide Survey* (Health Information Foundation), McGraw-Hill Book Company, Inc., 1956.

² Some of the survey findings have already been reported. See Simon Dinitz, *Insurance and Socio-Economic Status: A Study of Coverages and Attitudes of Policyholders in Columbus, Ohio*, The Ohio State University Research Foundation, June 1954; and Simon Dinitz, *Insurance Consumption Patterns in Four Areas, Nationwide Insurance Companies*, September 1955.

Since no cross tabulations were prepared to indicate the types of basic coverage held by the 48 families who had both polio-expense insurance and some form of basic coverage, it has not been possible to treat the polio-expense insurance entirely separately in some of the tabulations. Nor was it possible to determine precisely how many persons were insured in the 61 families that had polio-expense insurance, since these data were merged with those on other forms of medical care insurance. It was assumed that each of the 48 families that owned both polio-expense insurance and some other insurance had about the same number of persons (3.6) as the 93 families that were recorded as having any form of medical expense insurance policy, since the majority of them had polio-expense insurance. The records showed that the 13 families with only a polio-expense policy included 43 persons.

Twenty-eight percent of the 473 families in the study had no health insurance of any type (table 1). Less than 3 percent had a polio-expense policy as their sole form of health insurance. In 11 percent of the families a hospitalization policy was the only insurance, unless they were among the holders of the 48 polio-expense policies that were not identified. Almost half the families (49 percent) had protection against the costs of

Table 1.—Families and persons in survey, by type of health insurance owned in survey year

Type of health insurance owned	Families		Persons	
	Number	Percent	Number	Percent
Total.....	473	100.0	1,657	100.0
None.....	133	28.1	586	35.4
Some type of health insurance.....	340	71.9	1,071	64.6
Polio-expense only.....	13	2.7	43	2.6
Other.....	327	69.1	1,028	62.0
Hospitalization only.....	50	10.6	164	9.9
Hospitalization and surgical.....	232	49.0	704	42.5
Hospitalization, surgical, and medical.....	45	9.5	160	9.7

¹ Forty-eight families also had a polio-expense policy in addition to other types of insurance.

² An estimated 172 persons also had a polio-expense policy.

³ Medical expense insurance relates to in-hospital medical expenses and services in home and/or office; families with polio-expense insurance have not been counted as having medical expense insurance in this table.

Table 2.—Families and persons in survey, by place of residence, insured status, and type of health insurance owned

Insured status	Hospitalization insurance			Surgical insurance			Medical care insurance ¹		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Number									
Families, total.....	473	253	220	473	253	220	473	253	220
Insured.....	327	218	109	277	171	106	45	24	21
Not insured.....	146	35	111	196	82	114	428	229	199
Persons, total.....	1,657	753	904	1,657	753	904	1,657	753	904
Insured.....	1,028	634	394	864	482	382	160	74	86
Not insured.....	629	119	510	793	271	522	1,497	679	818
In insured families.....	91	35	56	78	22	56	15	(²)	(²)
In uninsured families.....	538	84	454	715	249	466	1,482	(²)	(²)
Percentage distribution									
Families, total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Insured.....	69.1	86.2	49.5	58.6	67.6	48.2	9.5	9.5	9.5
Not insured.....	30.9	13.8	50.5	41.4	32.4	51.8	90.5	90.5	90.5
Persons, total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Insured.....	62.0	84.2	43.6	52.1	64.0	42.3	9.7	9.8	9.5
Not insured.....	38.0	15.8	56.4	47.9	36.0	57.7	90.3	90.2	90.5
In insured families.....	5.5	4.6	6.2	4.7	2.9	6.2	0.9	(²)	(²)
In uninsured families.....	32.5	11.2	50.2	43.2	33.1	51.5	89.4	(²)	(²)

¹ Other than a polio-expense policy.

² Not available.

both hospitalization and surgery, and slightly less than 10 percent had some medical expense protection (other than a polio-expense policy) in addition to their hospitalization and surgical expense insurance—a proportion less than the national average in 1953.

That some members of the insured families were not themselves covered by the family insurance is indicated when the percentage of individuals having various forms of protection is compared with the percentage of families reported as having the same types of insurance. Thirty-five percent of the individuals but only 28 percent of the families had no type of insurance. More individuals had hospitalization and surgical expense insurance than any other type, but the percentage of covered persons was 42 percent compared with the reported coverage of 49 percent of the families.

The extent to which there are uninsured persons in insured families is shown more clearly in table 2. Ninety-one persons (6 percent of all the persons in the study and 8 percent of those in families insured against hospitalization costs) had no hospitalization insurance. Fewer families and fewer persons were insured for surgical expense than for

hospitalization costs, but, again, 8 percent of the members of insured families were not themselves insured for surgical expense. Only 10 percent of the families had any type of medical expense protection (excluding polio-expense insurance).³ About 10 percent of all individuals in the study had medical expense insurance, and this type of insurance was usually applicable to all family members.

There were marked differences in the extent of insurance protection held by urban and rural families. Because rural families were overrepresented in the study, with no weighting for this fact, a bias may have been introduced into the findings for the study group as a whole, although the presence of the rural families would tend to provide some correction for the absence of very low-income families. The insured rural families contained a larger proportion of uninsured individuals than did the urban families. This difference reflects the pattern of rural living; more often there are three generations living in one dwelling among rural families than among urban families.

³ When polio-expense policies are counted as providing medical expense insurance, 22 percent of the families are in this category.

Table 3.—Size of families and number of policies owned, by place of residence and type of health insurance in survey year

Place of residence	All families	Families with no insurance	Families with insurance		
			Hospitaliza- tion	Surgical expense	Medical and/or polio- expense
	Average number of persons per family				
All families.....	3.5	3.7	3.4	3.4	4.0
Urban families.....	3.0	2.4	3.1	2.9	3.2
Rural families.....	4.1	4.1	4.1	4.1	4.2
	Average number of insured persons				
Per insured family.....			3.1	3.1	3.5
Urban.....			2.9	2.8	2.9
Rural.....			3.6	3.6	4.2
Per policy.....			2.8	2.9	3.4
	Average number of policies				
Per insured family.....			1.12	1.07	1.04
Urban.....			1.17	1.11	1.07
Rural.....			1.03	1.02	1.00
Per insured person.....			1.05	1.04	1.01

Size of family.—The 473 families were composed of 46 single persons, 427 husbands and 427 wives, and 757 other adults and children—3.5 persons per family unit (table 3). The urban families averaged three persons, and the rural families, 4.1 persons. There were 109 two-person families, and 318 families of more than two persons.

Insured urban families were larger, on the average, than uninsured urban families, but among rural families there was no difference in family size between insured and uninsured families. As would be expected, rural families with insurance contained more insured persons than did urban insured families, regardless of the type of insurance. It was also apparent that families holding polio-expense insurance policies, included in table 3 with other forms of medical expense insurance, were larger than average.

Still another difference between urban and rural families was in the extent of multiple policyholding, which was much more usual in urban than in rural families.

When family members had more than one insurance policy, the second policy generally covered only one person in the family. There were only 46 single persons in the survey, but 81 single policies covering hospital

care were recorded (table 4). In contrast, in a third of the multiple-member families there was no family coverage, though there may have been coverage for one family member from among the holders of the single hospitalization policies. Forty-three percent of the multiple-member families did not have surgical insurance applying to the whole family. Though only slightly more than half of all the hospitalization and surgical policies held were family policies, these poli-

cies covered 74 percent of all persons with such protection. Family hospitalization and surgical policies covering the husband, wife, and dependent children averaged about 4 persons per policy.

Utilization of medical care.—Only 13 percent of the families incurred no form of direct medical expense during the year; 30 of these 62 families had expenses for the purchase of health insurance, not counted as a direct medical expense. The percentage of all families incurring each type of direct medical expense follows.

Any form of medical expense.....	86.9
Physicians' nonsurgical expense.....	76.7
Surgical and obstetrical expense.....	16.9
Dental expense.....	41.0
Hospitalization expense.....	26.0
All other (prescriptions, drugs, appliances, nursing services, etc.).....	74.0

Data on a per person basis were available for three of the categories of medical expense. Of the individuals in the families studied, 43.3 percent had seen a physician one or more times, 4.4 percent required surgical services at least once, 0.9 percent received obstetrical services, and 8.1 percent were hospitalized one or more times. The hospital admission rate was 9.1 per 100 persons.

A total of 123 families had 135 persons hospitalized one or more times during the year; 151 admissions to hospitals were recorded. Fifteen

Table 4.—Health insurance policies held by insured families and persons, by number of persons covered, and type of health insurance policy in survey year

Policy coverage	Hospitalization insurance		Surgical insurance		Medical insurance and/or polio-expense	
	Policies	Persons	Policies	Persons	Policies	Persons
Number						
Total.....	¹ 368	1,028	² 297	864	³ 110	⁴ 375
1-person.....	81	81	54	54	15	15
2-person.....	95	190	84	168	22	44
Family.....	192	757	159	642	73	316
Percentage distribution						
Total.....	100.0	100.0	100.0	100.0	100.0	100.0
1-person.....	22.0	7.9	18.2	6.3	13.6	4.0
2-person.....	25.8	18.5	28.3	19.4	20.0	11.7
Family.....	52.2	73.6	53.5	74.3	66.4	84.3

¹ Held by 327 families.

² Held by 277 families.

³ Held by 106 families; 61 policies, held by 61 families, covered only polio-expense insurance; 49

policies, held by 45 families, applied to other forms of medical insurance.

⁴ Includes an estimated 215 persons with only a polio-expense policy.

admissions were for obstetrics, and 89, involving 73 persons, were for surgery; 47 persons in 43 families were hospitalized at least once for non-surgical reasons in the course of the year.

Expenditures for Medical Care

There were differences in the amount of medical care expenditures among insured and noninsured families as well as urban-rural differences. Urban families as a group spent on the average \$227 for all forms of medical care, and rural families spent \$136. Differences in average family expenditures were particularly striking for surgical and obstetrical care and for dental care and miscellaneous services, and they were more nearly comparable for hospitalization and physicians' services. In view of the larger size of the rural families, these differences are especially interesting.

Average family expenditure	Urban	Rural
Total.....	\$227	\$136
Hospitalization.....	54	42
Surgery and obstetrics.....	32	13
Physicians' services.....	52	39
Dentistry.....	44	22
Other.....	44	20

Over a 12-month period, the 473 families spent for medical care an aggregate of \$87,216, or an average of \$184 per family (table 5). The amount they spent to purchase health insurance protection is not known. Sixty-two families reported no expenditures of any kind for medical care;

the 411 families that had expenditures spent, on the average, \$212. Ninety-nine families, 29 percent of the families with some form of insurance, were paid insurance benefits totaling \$16,912. This amount is equivalent to 19 percent of the gross costs incurred by all the families; insurance benefits, which averaged \$35 among all families, reduced their average expenditure from \$184 to \$149.

Items included in the most usual types of insurance coverage—that is, hospitalization and surgery and obstetrics—accounted for 39 percent of the total of \$87,216. Physicians' non-surgical services accounted for a fourth of all expenditures, and dental care for nearly a fifth.

The distribution of expenditures among the families classified as insured differed somewhat from those of the families with no form of health insurance. Proportionately more of the total expenditures of insured families than of uninsured families went to surgeons and dentists and for miscellaneous items. When the expenditures, before insurance benefits are taken into account, are put on a per family or per capita basis, insured families on the average spent \$53 more a year than noninsured families (\$18.50 more per capita), and their gross expenditures for each item were larger. The two groups spent about the same amounts for physicians' services, other than those for surgery and obstetrics, but insured families spent more on the average for every other item of medical expense. On a per capita basis the dif-

Table 6.—Gross expenditures for medical care and net expenditures after insurance benefits for families and persons using services, by place of residence and type of service used

Type of user	Total	Hos- pital care	Physicians' services	
			Medi- cal care	Sur- gery and obstet- rics
Gross expenditures				
Family-----	\$212	\$186	\$60	\$137
Urban-----	243	189	64	148
Rural-----	171	181	55	113
Person-----		169	30	124
Net expenditures after insurance benefits				
Family-----	171	99	56	77
Urban-----	187	74	59	75
Rural-----	150	134	52	81
Person-----		90	28	70

ferences were even more striking because the noninsured families contained slightly more members (3.69) than the insured families (3.43).

Because the number of families and of persons using hospitals and the services of physicians and of surgeons and obstetricians was known, expenditures could be shown on a per user basis for the three main items of medical expense and related to all expenditures for families incurring any medical expense whatsoever.

When data are shown on the amounts used per family or per individual (table 6), the differences between urban and rural family costs

Table 5.—Expenditures for medical care and amounts per family and per capita, by type of medical expense in survey year

Type of medical expense	Total expenditures						Expenditures per family ²			Expenditures per capita ³		
	Amount			Percentage distribution								
	Total	Insured families ¹	Uninsured families	Total	Insured families ¹	Uninsured families	Total	Insured families ¹	Uninsured families	Total	Insured families ¹	Uninsured families
Total.....	\$87,216	\$67,763	\$19,453	100.0	100.0	100.0	\$184.39	\$199.30	\$146.26	\$52.63	\$58.12	\$39.62
Physicians' services.....	32,762	24,523	8,239	37.6	36.2	42.4	69.26	72.13	61.95	19.77	21.03	16.78
Medical care.....	21,812	15,734	6,078	25.0	23.2	31.2	46.11	46.28	45.70	13.16	13.49	12.38
Surgery and obstetrics.....	10,950	8,789	2,161	12.6	13.0	11.1	23.15	25.85	16.25	6.61	7.54	4.40
Hospital care.....	22,864	17,341	5,523	26.2	25.6	28.4	48.34	51.00	41.53	13.80	14.87	11.25
Dentistry.....	16,721	13,448	3,273	19.2	19.8	16.8	35.35	39.55	24.61	10.09	11.53	6.67
Drugs and prescriptions.....	11,200	9,679	1,521	12.8	14.3	7.8	23.68	28.47	11.44	6.76	8.30	3.10
Other.....	3,669	2,772	897	4.2	4.1	4.6	7.76	8.15	6.74	2.21	2.38	1.83

¹ The 340 families with any form of health insurance.

² Includes families with no expenditures.

³ Includes persons with no expenditures.

Table 7.—Total expenditures of all insured families¹ for medical care met by insurance benefits and net expenditures after insurance benefits, per family and per capita, by type of medical expense in survey year

Type of medical expense	Total expenditures				Expenditures per family		Expenditures per capita		Net expenditures as percent of total
	Amount		Percentage distribution						
	Met by insurance benefits	Net	Met by insurance benefits	Net	Met by insurance benefits	Net	Met by insurance benefits	Net	
Total.....	\$16,912	\$50,851	100.0	100.0	\$49.74	\$149.56	\$14.50	\$43.61	75.0
Physicians' services.....	6,204	18,319	36.7	36.0	18.25	53.88	5.32	15.71	74.7
Medical care.....	1,417	14,317	8.4	28.2	4.17	42.11	1.22	12.28	91.0
Surgery and obstetrics.....	4,787	4,002	28.3	7.9	14.08	11.77	4.11	3.43	45.5
Hospital care.....	10,678	6,663	63.1	13.1	31.41	19.60	9.16	5.71	38.4
Dentistry.....	20	13,418	.1	26.4	.06	39.46	.02	11.51	99.8
Drugs and prescriptions.....		9,679		19.0		28.47		8.30	100.0
Other.....	10	2,772	.1	5.5	.03	8.15	.01	2.38	100.0

¹ The 340 insured families include 1,166 persons.

for medical care are again apparent. The effect of the lack of health insurance among a relatively large proportion of the rural group then shows up, since their net costs (for insured and uninsured families combined) are larger than those for urban families for hospitalization and surgery although their gross costs were smaller. Data were not analyzed on a per capita basis for urban and rural residents separately.

Relation of benefits to expenditures.—The data presented in table 5 do not take into account the insurance benefits that 99 of the 340 insured families received to offset some of their expenditures. Table 7 deals with the effect that the \$16,912 received in insurance benefits had on expenditures among the 340 insured families. Sixty-three percent of this amount was applicable to the costs of hospitalization. As a result, the costs that the families had to meet directly, out of pocket, were redistributed, and more than 50 percent was accounted for by expenditures for dentistry, drugs and prescriptions, and items classified as "other." Physicians' services remained at 36 percent of total net expenditures, but the percentage going for hospital care was cut in half. The insured families met 25 percent of their total expenditures through insurance benefits, and they paid 75 percent directly.

Table 7 also shows the average size of the insurance benefits received. They varied from \$31.41 per family

for hospitalization to \$4.17 per family for medical services. On a per capita basis the benefits received were about a third the size that they were on a per family basis.

Many of the 340 insured families had no occasion to file a claim for benefits, but 99 (29 percent) actually received insurance payments that offset their gross expenditures. The 99 families spent a total of \$39,502 in the 12 months of the study. Their combined expenditures amounted to 45 percent of the expenditures of all the families studied and 58 percent of the total expenditures of insured families. Their expenditures before the insurance benefits were deducted equaled \$399 a family. Among individual families the outlay for medical care ranged from less than \$100 to \$2,326. Table 8 shows that expenditures for hospital care, before insurance benefits were deducted, loomed large and that expenses for surgery were also an important item. Neither finding is unexpected, since these were the families that benefited from their health insurance and hospitalization and surgical expense insurance were the two types most widely held.

Insurance benefits covered 43 percent of all expenditures among these families. The families still paid out an average of more than \$200, including nearly \$80 for hospitalization and surgery. Part of this expenditure undoubtedly arose among families that incurred surgical expense but did not have a policy covering surgical

care. The family incurring the bill of \$2,326 was unusually fortunate in one respect; insurance covered 92 percent of its total expenditures.

Size of family expenditures.—The analyses up to this point have been in terms of types of expenditures, average expenditures, and insurance benefits for the various items of medical expense. Table 9 shows the distribution of the families and their expenditures in terms of the aggregate amounts spent in the course of the year.

Expenditures of less than \$100 were recorded by 52 percent of the families, with 13 percent spending nothing and 39 percent spending \$1-\$99. Relatively more uninsured than insured families incurred medical expenses of less than \$100. In general, declining proportions of families experienced the larger expenditures. At the far end of the scale, proportionately more insured than noninsured families had expenditures of \$500 or more.

About a fourth of all expenditures were made by the families who spent \$500 or more during the year. Though insurance benefits were somewhat concentrated at the \$500-\$999 expenditure level, the net costs to the insured families—after insurance benefits were deducted—were also large for families with expenditures in this interval. Families with expenditures of \$100-\$299 and \$400-

Table 8.—Gross and net expenditures for medical care and amount of insurance benefits among 99 families in survey year

Type of medical expense	Gross expenditures	Insurance benefits	Net expenditures	Insurance benefits as percent of total expenditures
Average per family.....	\$399.01	\$170.83	\$228.18	42.8
Total, amount.....	\$39,502	\$16,912	\$22,590	42.8
Total, percent.....	100.0	100.0	100.0	-----
Physicians' services.....	35.3	36.7	34.3	44.5
Medical care.....	16.5	8.4	22.6	21.7
Surgery and obstetrics.....	18.8	28.3	11.7	64.5
Hospital care.....	40.5	63.1	23.6	66.7
Dentistry.....	11.5	.1	20.0	.4
Drugs and prescriptions.....	9.8		17.1	-----
Other.....	2.9	.1	5.0	.9

Table 9.—Number of families and expenditures for medical care among uninsured and insured families, by amount of expenditure, survey year

Amount of expenditure	Number of families			Expenditures					
	Total	Un-insured	Insured	Total	Un-insured families	Insured families			Insurance benefits as percent of total expenditures
						Gross	Met by insurance benefits	Net	
Total.....	473	133	340	\$87,216	\$19,453	\$67,763	\$16,912	\$50,851	
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	25.0
No expenditures.....	13.1	22.6	9.4						
\$1-99.....	39.3	43.6	37.6	9.7	13.5	8.6	1.7	10.9	5.1
100-199.....	17.5	12.8	19.4	13.5	10.9	14.2	5.2	17.3	9.0
200-299.....	9.7	5.3	11.5	12.8	8.6	13.9	7.8	16.0	14.0
300-399.....	5.5	4.5	5.9	10.3	10.7	10.2	15.7	8.3	38.6
400-499.....	5.9	3.8	6.8	14.9	12.0	15.5	10.8	17.0	17.4
500 and over.....	8.9	7.5	9.5	39.2	44.2	27.5	58.7	30.4	

\$499 appeared to have received the smallest proportionate benefit from their insurance. Among the families who received insurance benefits, the proportion met by insurance rose somewhat as expenditures increased. The size of the sample produced some fluctuations.

In determining the effect of various forms of health insurance in assisting families to meet their medical expenses, it is sometimes useful to know the proportions of expenditures falling above and below certain levels. Table 10 shows the percentage of families whose expenses exceeded various levels annually and the percentage of their expenditures, as averaged among the families at each level, that were represented by expenditures above the designated level. These data do not take into consideration any insurance benefits received.

Families spending \$500 or more.—Nine percent of the families in the study spent between \$500 and \$2,400 for all forms of medical care in the 12 months preceding the survey. These 42 families represented slightly less than 10 percent of the 411 families who incurred some form of medical expense. Among these families with very large expenditures, 39 percent of the total was attributable to that part of their expenses exceeding \$500. It is of interest that among families spending more than \$500, 55 percent of the costs they incurred was for hospitalization and for surgery and obstetrics. The proportion going

for other physicians' services, for dentistry, and for all other items was less than for all families in the study. Among the much larger group of families spending less than \$500, 23 percent was for dentistry and 29 percent was for nonsurgical physicians' services.

More than half the families that spent more than \$500 were aided by their health insurance, which met 47 percent of their combined expenditures (table 11). Seven other families with large expenses were classified as covered by some form of health insurance, but their expenses were not reimbursable. The remaining families with bills of \$500 or more had no form of health insurance to assist them in meeting their large medical expenses. They included three of the families incurring the highest costs of any of the families in the study. Most of the families

Table 10.—Percent of families with expenditures for medical care above specified levels and the amounts above levels as percent of total expended, survey year

Level of total expenditures ¹	Percent of all families			Amount above specified level as percent of total expended		
	Total	Insured	Un-insured	Total	Insured	Un-insured
\$500 or more	8.9	9.4	7.5	15.0	14.0	18.5
\$400 or more	12.7	13.2	11.3	21.6	20.6	25.4
\$300 or more	18.2	19.1	15.8	31.0	30.0	34.6
\$200 or more	30.0	33.5	21.1	44.3	43.5	46.8

¹ Before insurance benefits were deducted.

had incurred expenses for hospitalization and for surgery, and their insurance—particularly their hospitalization insurance—was of great assistance to them.

The average expenditure for the 42 families was \$811; the range was from \$500 to \$2,326. Seventy-four percent of the costs went for hospital bills and physicians' and surgeons' charges. The balance was for services and items not usually covered under existing forms of health insurance—even under such policies as those classified as major medical expense insurance.

Expenditures of the families with no insurance protection closely paralleled those of the families that collected insurance benefits. Seventy-nine percent of their expenses were for hospital bills and physicians' and surgical services, but a much larger proportion was for nonsurgical services of physicians for this group than for families aided by insurance. Both groups spent about equal proportions for dental services.

The insured families that did not have occasion to make an insurance claim had their heaviest expenses for nonsurgical physicians' services, drugs, and dental services. These families spent an average of \$144 on dental care—nearly three times the average for all families in the study. Thus dental expenses obviously loomed large among the outlays that put their total medical expenses for the year over \$500. Hospitalization, surgery, and all other services accounted for only 28 percent of their expenses. It is assumed that the families in this group were unable to file insurance claims for one or more of the following reasons: (1) their expenses were largely for physicians' nonsurgical services or for dental services, drugs, or other items to which their policy did not apply; (2) their insurance applied only to poliomyelitis or to a hospitalization or surgical operation, and their expenses did not involve these services; and (3) the expenditures were incurred for one of the uninsured members of the insured family.

Insurance met 68 percent of hospital care costs for the families that benefited from having health insurance protection. Surgeon's bills ac-

counted for 23 percent of their aggregate bills, but 65 percent of this cost was also covered by insurance. Thirty percent of their physicians' bills was met by insurance.

Major Medical Expense Insurance

The data on expenditures among the families in the study lend themselves to an exploration of the theoretical effect on out-of-pocket expenditures of the addition of a "major medical expense" policy to the basic coverage held by the insured families. The analysis assumed a major medical expense policy with the following provisions: (a) the insured family would pay out of pocket a fixed deductible amount, called a "corridor," over and above any basic benefits received before benefits under the policy could be claimed; and (b) the major medical expense policy would reimburse the insured for 75 percent of the amounts to which the policy was applicable (table 12). Corridors of three different sizes were postulated. It was further assumed that the major medical expense policy would apply to a family's entire expenditures within a year, including the cost of dentistry. This assumption is broader than the usual terms of major medical expense insurance, which rarely covers dentistry or permits accumulation of expenses among all family members on an annual basis.

The 340 insured families spent a

total of \$67,763 and received \$16,912 in basic benefits, leaving them a total of \$50,851 to pay directly. Basic insurance benefits met 25 percent of their total expenditures. The other percentages shown in table 12 were derived by first distributing the families according to the size of their gross expenditures and then determining the amounts each family would have spent out of pocket after (1) insurance benefits were taken into account and (2) the indicated amount of the deductible corridor was taken out for each family whose out-of-pocket expenditures were sufficiently large to put them within reach of the postulated major medical expense benefits. The expenditures remaining after these deductions from total out-of-pocket expenditures were then distributed on the basis of 75 percent paid by the major medical expense policy and 25 percent by the family.

When it is assumed that each family pays a corridor of \$100 over and above the basic insurance benefits, 128 families with net expenditures totaling \$5,528 would not have qualified for benefits from major medical expense insurance. There remain 180 families who would have had to pay the corridor amount before they could file a claim for major medical expense. At \$100 per family, their deductible corridor would have equaled \$18,000, leaving \$27,323 against which the major medical expense benefit of 75 percent could be claimed. Their benefits would equal 30.0 percent of

Table 12.—Theoretical distribution of expenditures for medical care, assuming ownership by families of a major medical expense policy in survey year

Item	Expenditures, assuming a policy with a deductible corridor ¹ above basic benefits of—		
	\$100	\$150	\$200
Total expenditures....	100.0	100.0	100.0
Total insurance benefits....	55.2	46.5	40.2
Basic insurance benefits	25.0	25.0	25.0
Major medical expense benefits ²	30.2	21.5	15.2
Total out-of-pocket expenditures.....	44.8	53.5	59.8
Deductible corridor.....	³ 34.7	⁴ 46.3	⁵ 54.7
Coinurance ⁶	10.1	7.2	5.1

¹ The amount the insured pays out of pocket before major medical expense benefits are applicable.

² 75 percent of balance after basic insurance and deductible corridor are subtracted from total expenditures.

³ 180 families would pay the deductible amount (the expenses of 160 families were less than \$100).

⁴ About 114 families would pay the deductible amount (the expenses of about 226 families averaged less than \$150).

⁵ 114 families would pay the deductible amount (the expenses of 226 families were less than \$200).

⁶ 25 percent of the balance after basic insurance benefits and the deductible corridor are subtracted from total expenditures.

their total expenditures. If the deductible corridor is raised to \$150 or to \$200 for each family, 194 families with net expenditures of \$14,308 would not qualify for the additional insurance, and the corridor to be paid out of pocket would rise to \$17,100 (at \$150) or \$22,776 (at \$200). The fraction remaining, against which the benefit of 75 percent of costs could be claimed, would become relatively small, and the major medical expense benefit would equal either 21.5 percent (for the \$150 corridor) or 15.2 percent (for the \$200 corridor) of total expenditures.

As already indicated, these are maximum figures for this group of families, since it was assumed that the insurance would cover dental expenditures, which amounted to \$13,448, and all types of drug purchases, and that expenditures throughout the year among all family members could be accumulated. In actual practice only the families in which a family member had an expensive illness would have been able to claim major medical expense benefits.

Summary

Three facets of the economics of medical care among a group of 473

Table 11.—Expenditures for medical care among 42 families spending \$500 or more, by insured status and receipt of benefits, and percentage distribution by type of medical expense in survey year

Type of medical expense	Total	Insured families			Uninsured families	Insurance benefits as percent of total expenditures
		Total	Receiving insurance benefits	Not receiving insurance benefits		
Total amount.....	\$34,064	\$25,462	\$20,988	\$4,474	\$8,602	¹ \$9,937
Percent of expenditures of all families ²	39.1	29.2	24.1	5.1	9.9	³ 58.8
Total percent.....	100.0	100.0	100.0	100.0	100.0	47.3
Hospital care.....	36.6	37.4	42.4	14.3	34.2	67.7
Physicians' services.....	37.3	34.9	35.7	31.2	44.5	52.1
Medical care.....	18.8	15.3	13.0	26.2	29.1	29.8
Surgery and obstetrics.....	18.5	19.6	22.7	5.0	15.4	64.8
Dentistry.....	11.2	11.7	9.4	22.5	9.7	1.0
Drugs and prescriptions.....	10.7	12.2	9.9	23.1	6.2	-----
Other.....	4.2	3.8	2.6	8.9	5.4	-----

¹ Amount of benefits.

² Total expenditures of specified families as a percent of \$87,216.

³ Benefits received as a percent of total insurance benefits (\$16,912) received by all families.

families were examined in the course of this analysis. They include (1) the health insurance protection that the families had available; (2) the distribution of their medical care dollars among six classes of expenditures; and (3) the distribution of expenditures for medical care by the size of the annual expenditures. Some of the interplay of these three factors of medical economics has been shown.

The study provided data on the kinds of health insurance held by 340 of the families and showed differences in protection between urban and rural families. The findings about the health insurance holdings of these families appear especially significant in relation to national estimates of the number of persons having various types of health insurance. First, multiple policyholding appears to take the form of additional policies applying only to a single member of a family unit. While 1 in 8 families reported having more than one hospitalization policy, in terms of the persons making up these families and with the nonprotected members of the family unit excluded, only 1 in 20 insured persons had more than one hospitalization policy.

Second, multiple policyholding occurs more often in hospitalization insurance than in surgical insurance (1.125 hospitalization policies per insured family compared with 1.070 surgical policies) and more frequently among urban than among rural families.

Third, between 5 percent and 8 percent of the members of insured families in the study were not included in the family policy. Presumably these persons were adult dependents and therefore ineligible for coverage under the terms of the family policy. This finding was more pronounced for rural families.

Finally, the study indicates that insured families may contain fewer members than noninsured families and that there are urban-rural differences in the size of insured families. The rural Vermont families insured for hospitalization had an average of 3.61 members, compared with 3.03 in Columbus and 2.83 in New Haven. While it is true that uninsured Vermont families had 4.10 members on the average, compared with 2.22

members in the Columbus families and 2.60 in the New Haven families, the larger size of the uninsured rural families more than offset the opposite findings among the uninsured urban families. Nationally, urban families are overrepresented in health insurance enrollment, and rural families are underrepresented. Care should be exercised in estimating the number of dependents per family included under a group policy in the many situations where only a count of subscribers is available, since group-enrollment data generally apply to urban families.

The study afforded an opportunity to contrast the ways the medical care dollar is spent by the families that have health insurance protection against part of their anticipated medical expenditures and those lacking any protection. Both groups spend approximately equal amounts for non-surgical physicians' services, a type of medical cost incurred by more than three-fourths of the families and infrequently and inadequately covered by insurance. This expenditure is the only point of similarity between the expenditures of insured families as a group and those of uninsured families as a group. It is problematical whether the higher level of expenditures of insured families for such services and supplies as dentistry and drugs and prescriptions stems from inherent differences in the two groups or can be attributed to the availability of protection against part of the expenses they may incur. Some of the variation relates to differences in the cost of medical care in urban and rural settings. Differences in income level, health consciousness, age, state of health, and so forth may be contributing factors. It is interesting to observe that the net costs that were borne directly by insured families were larger than the entire expenditures of the uninsured families. If expenditures for the purchase of health insurance had been known and these amounts included as additional costs, the difference would have been much greater.

The marked differences between insured and uninsured families in their gross expenditures for the two items most usually included in the protection available to the insured families

—hospitalization and surgical-obstetrical services—lead to speculation regarding the impact of insurance on the insured family's receipt of these two items. Is there greater morbidity requiring these services among the insured persons, or are they freer, because of prepayment, to enter hospitals and perhaps remain longer? To what extent does the knowledge that the patient has insurance affect the size of the charges or the decision to perform an operation? What factors affect the larger expenditures among insured families for dental services and for drugs and prescriptions, items for which neither group has prepaid protection? Such questions cannot be categorically answered; they have been posed to illustrate the fact that prepayment is affecting the economics of medical care in a number of ways.

The study has called attention to the impact of dental care on family spending for health and to the possibility of a relationship between the ability to budget for other forms of medical care and the use of a larger segment of the medical dollar for dental services.

Finally the study provided data for an examination of the distribution of families by the amounts they spend annually for medical care, and of the reduction in direct expenditures resulting from basic health insurance benefits at different levels of expenditure. An exploratory testing of the reduction in direct expenditures that might result from the benefits of insurance policies containing deductible amounts, coinsurance features, and a high maximum payment showed that even a corridor of \$100 leaves a large segment of family expenditures to be paid directly. This exploration points to the need for further family expenditure studies of sufficiently large scale to permit identification of the causes of large expenditures according to their nature—hospitalization, surgery, and dentistry—and according to family income and age composition. Perhaps it will then be possible to design more effective forms of major medical expense insurance than those currently available.

The relationship of the percentage
(Continued on page 31)

International Conference of Social Work: Eighth Session

The role of social work in helping families affected by the trend toward industrialization was the theme of the International Conference of Social Work in its eighth session. Highlights of the session are reported in the following pages.

THE Eighth Session of the International Conference of Social Work opened in Munich, Germany, in the Deutsches Museum, on August 5, 1956. The Conference theme, Industrialization and Social Work, drew a larger-than-usual representation of social workers, industrialists, and technical experts in community services. More than 2,800 delegates, from 56 countries, shared in the exchange of ideas and experiences related to the Conference theme.

The largest representations came from heavily industrialized countries, such as France, Germany, Great Britain, the Netherlands, Switzerland, and the United States. The interest of countries in earlier stages of economic development was evidenced in the delegations from the Belgian Congo, Burma, Pakistan, Korea, and many other areas. This combination of representatives from areas in varying stages of economic and social change produced a lively exchange of views—particularly in the small, informal discussion groups that are a vital part of the Conference sessions.

The Conference, established in 1928, is an international nongovernmental organization, set up "to provide an international forum for the discussion of social work, social welfare, and related issues, and to promote the exchange of information and experience among social workers, social agencies, and others interested in social welfare throughout the world." It is interested also in facilitating and promoting "cooperation among international organizations," and has consultative status with the

United Nations and several of its specialized agencies.

The 1956 Conference marked the first time that Germany has been host to a large international social work conference since the close of World War II. West Germany, through its national committee for the Conference, and the official and voluntary agencies of Munich and Bavaria placed a variety of resources at the disposal of the delegates. Extracurricular activities for the delegates included receptions in Munich's art museums, visits to ancient castles, and more informal entertainment. Several programs of visits to social welfare institutions were arranged; they included not only visits to the main public welfare and voluntary services in Munich but also trips to the Bavarian Alps and elsewhere to institutions for children, the aged, and persons receiving rehabilitation services.

The formal part of the Conference was conducted through plenary sessions, meetings of commissions, and study groups. The plenary sessions and the commission meetings were held at the Ausstellungspark, on the outskirts of Munich, which served as the Conference headquarters. The social welfare exhibits from the different countries were also located there and proved to be a focal point of attention; great interest was shown in the technical literature that most of the countries made available.

The United States exhibit, sponsored by the United States national committee and developed through the cooperation of the U.S. Information Service, illustrated a variety of social welfare programs, using as an example social services in Pittsburgh, a typical American industrial city.

by DOROTHY LALLY*

Many former United Nations Fellows and other social workers who had studied under the sponsorship of the Exchange Service of the Department of State or under other bilateral programs attended the Conference. The renewal of earlier friendships provided a pleasant background for informal conferences and exchange of recent experiences.

A number of the social workers attending the Conference took the opportunity to participate in study tours to countries near Germany. These tours were organized chiefly to help prepare social workers for more effective participation in the Conference itself; some of them, however, were made after the Conference closed. In each country visited, the tours were designed to permit the visitors to meet social workers and public service officials in the various cities, to visit selected agencies and institutions, and to observe as much as possible of the effect of industrialization on social work practice.

Plenary Sessions

Speakers at the three plenary sessions portrayed a broad picture of social change as they analyzed the status of the family in the midst of growing urbanization, suburbanization, and other processes typical of the industrial scene. Among the speakers was Richard M. Titmuss, Professor of Social Administration of the University of London, who gave the Conference's first technical presentation. He stated that one of the major factors affecting family life is the rate of industrialization and that the family—the central social institution—cannot rapidly absorb too many new forms in cultural and community patterns without negative effects on interpersonal relationships. The impact is most serious in two or three generations, when the solid family structure may crumble under the stress of too frequent change.

Professor Titmuss analyzed the

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psychological effect of today's rationalized production, in which the worker in the large plant no longer feels a demand for his creative energy, initiative, and judgment. How can this worker be expected to react in his private life and in the community? Does the lack of recognition and stimulation on the job result in his seeking different kinds of satisfaction in the family home and in his greater participation in community affairs? The speaker emphasized that in many industries the worker has found his freedom and opportunity for independent decisions about the job more and more limited. The problem of human relations in industry, he said, cannot be solved entirely within industry itself; important factors in family life and in the community must be considered. Here social workers have an important role to play, and for this purpose they must be adaptable and learn to understand family needs in the new context.

Worldwide information on the impact of industrialization on family life was presented by Julia Henderson, Director of the Bureau of Social Affairs, United Nations, in another plenary session. The speaker approached the question from a geographic basis, pointing out the great variation in intensity of urbanization. In Africa 9 percent of the population lives in cities of more than 20,000 population, in Asia 13 percent, and in South America 26 percent. In North America and Europe, in contrast, the corresponding percentages are 42 and 35. The younger industrial countries show intensive migration to the cities, while the older industrial areas show a movement toward suburban and semirural areas.

The increased technical assistance and international studies in the social field have made available, Miss Henderson stated, a tremendous amount of sociological information concerning industrialization and the disorganization and disruption of the family. She added that the picture is not, however, all negative. In certain areas—Japan and Western Nigeria, for example—urbanization is advancing, and at the same time there is among families, to a surprising degree, a sense of belonging together and of mutual helpfulness.

The family is becoming smaller but is not being disrupted, and its functions tend to change as the process of urbanization continues. The speaker pointed out that the plight of the more vulnerable groups in society is intensified as urbanization advances. The responsibility of the state to assure Central, Provincial, or community provision for groups such as the old, the refugee, and the crippled was brought out.

Different patterns in urbanization were next reviewed by the speaker. She referred to the African pattern, in which the workers move back and forth between the city and the native home—a pattern that also occurs in Asia, although there the steady growth in urban areas is more marked. The Near and Middle East are considered "classical" areas, where the cities are old and have always been in the midst of cultural and economic currents. They, too, are now showing the impact of overpopulation, as technical development has increased the national wealth and as the peasants and nomads have begun moving to the city. Here, again, is a change from the large to the small family.

It was pointed out that even with the greatly increased knowledge of world social needs, the understanding of the interrelationship of social, economic, and cultural factors affecting family life is still fragmentary.

Other interesting reports on industrialization and the family were presented by the Rev. G. H. Levesque, of Canada; Mrs. Hansa Mehta, of India; and Professor Hans Muthesius, of Germany.

In the final paper, on the development of services, Charles Schottland, Commissioner of Social Security of the United States of America, discussed the role of social work in industrial development. He identified the contributions to social welfare made by the many different countries as they developed with outstanding success a program, such as social insurance, or industrial social work or casework. Mr. Schottland also pointed out that, whatever the form of government and at whatever stage of economic and social change, all industrial economies have certain common denominators. Among the most

marked are the greater reliance on cash income and the need for money to meet the requirements for basic existence when employment ceases. With industrial advance and the movement to cities, additional needs have developed for social services designed to prevent family disruption and juvenile delinquency, provide adequate housing, and protect children. He suggested that "perhaps one measure of how well a nation has succeeded in overcoming the problems of industrialization is the extent to which services are available to help people adjust to the problems of present-day living in an industrial society."

Mr. Schottland called attention to the responsibilities of social workers in relation to community planning and in providing opportunities for citizen leadership and joint community action. He saw the new approaches in community development programs as offering unique opportunities for social work to assist people of all countries to help themselves. The roles of the social workers in individualized family counseling in community agencies and in developing day-care and foster-care programs for children and homemakers' programs of various kinds were described, as well as their responsibilities in encouraging the retraining of workers and employee counseling. Mr. Schottland stressed the need for greater emphasis on prevention and on more adequate training of staff and on the need for social workers to develop a strong common philosophy, both international and national.

The Commissions

Much of the Conference work is organized around commissions, which are composed of specially appointed experts, usually two from every country sending delegates to the Conference. The commissions are at once small enough to permit general participation in the discussions and representative enough to allow identification of universal needs and consideration of common approaches. Following are the subject-matter questions around which the commissions grouped their discussions: (1) How less developed countries can benefit from the experience of coun-

tries highly industrialized over a long period (Chairman, Begum Anwar G. Ahmed, Pakistan); (2) the impact of industrialization on urban and rural life—how to confront the outstanding problems that arise, for example, through overcrowding in urban areas (Chairman, John McDowell, United States); (3) the protection of family life within an industrial society (Chairman, Jacques Doublet, France); and (4) the role of social work in schemes for social security (Chairman, Michel P. Goutos, Greece).

The officers of the commissions presented detailed reports to a plenary session of the Conference on the final day of the session. The findings of two of the commissions may illustrate the approach used.

Commission III, on which Jay Roney, Director of the Bureau of Public Assistance, Social Security Administration, and Sol Morton Isaac, of Columbus, Ohio, served as the United States experts, gave its major attention to family life. The commission held that high priority should be given to maintaining the best conditions for family life as areas undergo the process of industrialization. Difficulties that arise when the worker leaves his home to seek employment in a distant community were analyzed. The conflict between the generations was recognized as another area of tension and potential danger to family life.

The problem of the working mother was reviewed at length by this group. Experts from all the participating countries contributed to the discussion, viewing the question in terms of the different and sometimes opposing interests of the mother and the children, in relation to the opportunities the family can provide, the economic situation in the community, and many other considerations. The role of social welfare and labor groups in the community was outlined, as the Commission concluded its discussions by considering necessary services for strengthening family life.

Commission IV considered the role of social work in social security programs. The American experts serving in this group were Loula Dunn, Director of the American Public Welfare Association, and Dr. Hertha Kraus, of the Graduate Department of

Social Economy, Bryn Mawr College. The commission pointed out that social security benefits should not be restricted to certain classes. To prevent mass or individual distress, a comprehensive system is necessary. Its main features were seen as the sum total of provisions for individual security and maintenance of adequate family income. Involved in these provisions would be full employment measures, as well as necessary benefits, adequate health services, housing, and basic education. The commission held that all these provisions are closely interrelated, and that therefore one could not be considered more important than the other. In regard to training and administration, the commission noted the emergence of a basic knowledge and skill in these services. There is increased use of the general social worker, with the specialist being used as a consultant. The trend, the commission reported, seems to be toward "individualization" or "humanization" of the institutions administering social security. The commission stressed the need for staff to help in developing policy and in planning, to discover generic aspects of social problems, and to assist in drafting programs. It also emphasized the importance of research in social work to provide adequate factual information as a basis for sound advance.

Study Groups

To afford a majority of the Conference delegates an opportunity for direct participation in the discussion, a series of 20 study groups met to consider a variety of social problems especially associated with industrialization. Different countries had earlier been assigned responsibility for advanced planning for the groups and for providing for a chairman and rapporteur. Several of the study groups were planned with the cooperation of one of the international organizations. Thus, the International Labor Organization cooperated in the study group on industrial social welfare schemes. The International Union of Family Organizations assisted in the study group on impact of family allowances on family life. The Food and Agriculture Organization cooperated on problems of nutri-

tion in industrialized areas, and the United Nations Educational, Scientific, and Cultural Organization worked with the group on adult education in a changing industrial society.

The study groups were originally designed to be of an appropriate size for encouraging discussion, but because of the unexpectedly large registration for the Conference some groups had more than 150 participants. Other groups attracted from 35 to 50 delegates, and somewhat more active and wider participation was possible. The need for each group to wait for translation of all comments into the three working languages—English, French, and German—slowed down the proceedings considerably, however, and it was generally conceded that the real purpose of the study groups was difficult to achieve under these circumstances.

The findings of the study groups were presented in short reports made available to the Conference on the final day of the session. One of the best-attended groups, with Donald Wilson, of the United States, as chairman, discussed rehabilitation and had the assistance of Dr. Henry Kessler, Consultant on Rehabilitation for the United Nations; Gordon Slater, Assistant Secretary of the Ministry of Labor, United Kingdom; Leonard W. Mayo, director of the Association for the Aid of Crippled Children; and many other outstanding and experienced rehabilitation specialists from Europe and other parts of the world. The emphasis on the team approach and services, the identification of the goal of integrating the handicapped person into a normal setting, and the high priority given to active participation of the handicapped in all planning indicated the considerable agreement on common problems and approaches. Other questions, such as the use of the quota system in employment of handicapped persons, sparked some controversy.

Another well-attended study group gave attention to the part-time industrial employment of married women with children. Nineteen countries reported their experience, giving the views of employers—both those in opposition and those who took a positive approach by designating work

suitable for part-time employment or in arranging for mothers to work in pairs. Of special interest was the discussion of part-time work, the meaning of employment as it affects the status of the mother, the importance of preserving the family as a unit, and the role of the father when there is increased sharing of household responsibilities. The work of the social worker in counseling with families and with industry was analyzed, and a special point was made of the need for expanding research on the whole question and providing for an international exchange of information.

Other groups considered family allowances as a means of helping to provide security to the family. The experience of a number of countries with programs was presented, as well as many questions from countries where this type of benefit has not yet been established.

In all the groups, questions from the countries now in the process of industrialization served to illuminate the problems experienced by families as a result of the new character of their national economy. It was recognized that the rapid economic change taking place in some countries is producing a social impact somewhat different from that resulting from the slower process experienced by the older of the Western countries.

International Assembly of Schools of Social Work

Several associate groups of the International Conference met before or during the meetings of the Conference itself. One of the most important was the International Assembly of Schools of Social Work. The membership of the Assembly includes 236 schools of social work or social studies in 29 countries, as well as seven national associations. The 1956 meeting of the full Assembly was held during a 2-day period in advance of the International Conference of Social Work and served to draw together a wide representation of social work personnel with special competence in the fields of social work education and staff development.

Of particular interest in the Assembly's plenary sessions was a general paper presented by Dr. Philip H.

van Praag on Basic Concepts of Social Work. Dr. van Praag stressed the fact that the professions in our time are characterized by the general acceptance by members of a profession of the same body of specialized knowledge and skills, and he indicated his belief that social work as a profession is increasingly growing toward acceptance of certain concepts and certain methodology. He discussed some of these concepts that he believes are common in the free world—that man is a social individual, that all human beings are different, and that this individuality and the right of the person to live in his own way are to be respected. There is agreement, he said, that moral insight is possible and that behaving in accordance with this insight is possible. The methodology of social work is based on understanding of human behavior and on the general principles stated above. Dr. van Praag held that the following considerations are basic to the whole field of social work.

A broad base of more and more unified knowledge in the field of human behavior. The present artificial distinction between biological, social, psychological and educational sciences has to be replaced gradually by basic courses in the dynamics of human behavior in which this artificial distinction dissolves in a new integration.

General philosophical principles . . . especially relevant to the social relations of man.

A basic and more and more unified knowledge and skill in the field of methodology. Development in methodology asks for a generic, basic training for social work. More and more we shall be able to see the common dynamics in the several areas of social work practice. As a result of this insight specialization in the social work profession in the future will take place after the basic training . . . in the field and in special courses.

The growth of the profession of social work and the fact that we are beginning to think of basic concepts of social work make international cooperation, exchange of social workers and training of workers in other countries than where they will be employed possible.

Attention was given to interna-

tional social welfare in a panel session on Studies Abroad. The presentation focused on problems and potentialities in overseas study as seen by the "sending" countries, represented by Dr. Herbert Lattke, of Germany, and Dr. Parin Valkaria, of India.

The "host" countries—Australia, the United Kingdom, and the United States, represented by Norma Parker, Eileen Younghusband, and Dorothy Lally, respectively—brought out trends in planning with the international visitors. The various nations' greatly increased experience in selection of applicants, as well as the cumulative experience of host agencies, has resulted in planning that is more closely geared to the individual nation's needs. Evidence of greater interest in participation in school of social work programs was emphasized. The schools are using resources, particularly in rural areas, more needed by the countries beginning their social service programs. The students are increasingly inclined to spend more of the observation period in one locality, frequently affiliating with a school of social service where there is a systematic presentation of theory as well as opportunity to observe practice.

Experiments in the group approach to training were discussed by several representatives. Australia reported its experience with a group of South Asians, for whom a special course had been developed at the University of Sydney, and the United States reported on its work with a group of Far Eastern social work students attending the University of Indiana.

Shifts in interest of visiting social workers were pointed out by the countries who act as hosts. The great interest in casework and supervision shown by the early United Nations Fellows from the European area has been broadened to include study of community organization, administration, and research as all countries of the world participate to a greater degree in the exchange programs.

The United Nations representative, Martha Branscombe, stressed the importance of relating all types of technical assistance to a country's total program, pointing out that fellowships and other exchange opportuni-

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ties are only one phase of broader technical assistance. The significance of developing training opportunities within each country or within the region was again emphasized, and the need to use fully the training facilities in the sending countries before using the host country's resources was brought out.

The representative from India analyzed the psychological aspects of the learning process, describing how the visiting social worker tries to adjust simultaneously to a new culture and to new surroundings, as well as to learning new concepts and methods in social welfare. His resistance is shown in his strong identification with everything represented by his own country, but this period of resistance is usually succeeded by a period of positive learning. On return home the social worker again faces a substantial period of readjustment and may again tend to overidentify with the country of training, until he feels secure both socially and professionally in his home country. This session on international social welfare was well attended and included a wide representation of former United Nations Fellows and many other social workers who had studied here or in other host countries.

In its business sessions the International Assembly of Schools adopted a revised constitution, elected new board members, and admitted new schools of social work in Greece, Iraq, and Yugoslavia, as well as the Association of Schools of Social Work in Japan.

United Nations Expert Group

Another social work meeting of great interest was held in advance of the main session of the International Conference of Social Work. This was a group of 19 training experts, selected from all parts of the world and brought together by the United Nations to work toward agreement on the basic essentials and content for social work education.

This United Nations group, chaired by Eileen Younghusband, subsequently gave a general statement of its findings to the main Conference. Miss Younghusband reported that the work was intended to be of a preliminary nature—a forerunner to the next international survey of welfare training by the United Nations. It appeared that there were no major areas of misunderstanding on the important subject of content for social work education and that there were many important areas of agreement. The group sought to identify essentials in training content that would equip a social worker to practice his profession in any country.

Influencing the discussions and the resultant findings of the group were the growth in social welfare programs under government auspices, the importance of social change and social policy, and the need for advanced training in social welfare administration and social research. Considered, too, was the need for more effective planning for auxiliary workers, particularly in countries attempting the operation of universal public services. An auxiliary worker was considered

by the group either as one who serves as assistant to a qualified social worker or as one who, though lacking the qualifications, is doing a social work job because qualified social workers are not available. The circumstances vary, of course, from country to country. The need for supervision of auxiliary workers by well-qualified personnel was stressed. The group held that training for auxiliaries should be related to function but, in any case, should be of a professional nature rather than technical. Some of the content of such training for auxiliaries would be identical with professional training but would not have the same depth.

Planning for 1958

The next session of the International Conference of Social Work will meet in Tokyo, Japan, in 1958. Discussions will center around the theme of developing resources to meet social welfare needs. George F. Davidson, Deputy Minister of the National Department of Health and Welfare of Canada, is the new President of the International Conference of Social Work. Lester B. Granger, Executive Director of the National Urban League and chairman of the U. S. Committee of the International Conference of Social Work, is a vice president. In the period between sessions, national committees will be active, organizing local groups for preparation of reports on new trends in social welfare and developing exhibits and other informational materials for use at Tokyo.

Notes and Brief Reports

Trend of Mortality in the United States Since 1900*

Mortality is an important factor in determining the cost of the old-age and survivors insurance program. This note discusses the trend of mortality in the United States since 1900. The most striking feature has been

the great reduction for children and young adults.

Beginning in 1850 death statistics were collected by the Federal Government in conjunction with each Decennial Census, but many deaths were not reported. In 1900 a Death Registration Area was established, consisting of States that had developed acceptable registration systems. Originally the area included only about one-fourth the population, all in the Northeast. The area was grad-

ually expanded until in 1933 it covered the entire country. The figures in this note are based only on the Death Registration Area. Death registration is now virtually complete, but in 1900 there may have been a significant number of deaths that were not registered.

The simplest measure of mortality is the crude death rate. This rate is defined for any calendar year as the number of deaths in the year, divided by the estimated population in the middle of the year and multiplied by 1,000. Table 1 shows the crude death rate for each year from 1900 to 1955.

* Prepared by Paul W. Nowlin, Division of the Actuary, Office of the Commissioner.

Table 1.—Crude death rates per 1,000 in the population, 1900-55¹

Year	Rate	Year	Rate	Year	Rate
1900	17.19	1919	12.89	1938	10.64
1901	16.42	1920	12.99	1939	10.60
1902	15.48	1921	11.50	1940	10.76
1903	15.63	1922	11.69	1941	10.50
1904	16.40	1923	12.13	1942	10.34
1905	15.89	1924	11.59	1943	10.87
1906	15.72	1925	11.68	1944	10.62
1907	15.92	1926	12.11	1945	10.58
1908	14.68	1927	11.32	1946	9.96
1909	14.25	1928	11.99	1947	10.08
1910	14.68	1929	11.88	1948	9.89
1911	13.90	1930	11.32	1949	9.71
1912	13.60	1931	11.06	1950	9.64
1913	13.81	1932	10.88	1951	9.66
1914	13.30	1933	10.69	1952	9.61
1915	13.18	1934	11.05	1953	9.59
1916	13.81	1935	10.94	1954	9.19
1917	13.97	1936	11.55	1955	* 9.30
1918	18.10	1937	11.26		

¹ Excludes Armed Forces overseas, 1940-55.

² Estimated.

There are irregular fluctuations from year to year but the long-range trend has been downward, with the rate for 1955 being about 54 percent of that for 1900. The sudden increase that produced the record peak of 1918 was the result of the influenza epidemic of that year.

The crude death rate, however, is not a good measure of the long-range trend because the average age of the population has gone up. Mortality is high at birth, drops rapidly to a minimum at about age 10, and then increases to the end of life—relatively slowly during the young adult years but rapidly thereafter. A sound analysis of the trend of mortality requires that the trend be studied by age.

An age-specific death rate for a given age-group in a given calendar year may be computed by dividing the deaths in the age group during the year by the estimated midyear population in the group. A more meaningful figure is the life table death rate. This rate for a given age x is obtained by dividing the number of persons who attain age x in a given time period into the number of such persons who die between ages x and $x + 1$. In other words, it is the probability that a person aged exactly x will die within 1 year. A rate of 3.8 per 1,000 for men at age 40 means that, out of a group of 10,000 men all exactly age 40, on the average 38 die before reaching age 41. From the life table death rates the life table may be constructed. The life table shows how many people survive to

each age out of a specified number of live births (usually 100,000). National life tables have been constructed from the data of each Census since 1900, taken in conjunction with the average deaths during a 3-year period. Abridged life tables with 5-year age intervals have also been constructed for recent single calendar years.

Table 2 shows life table death rates for men and women at 10 selected ages, based on each Census and on estimates for 1954. The last column shows the 1954 rates as percentages of the rates for 1900-02. The table clearly shows that a great decrease

in mortality has occurred since 1900 at the young ages. The most spectacular decline is at age 1; the 1954 rates are only about 6 percent of those for 1900-02. The rates have also decreased at the older ages, but the drop is relatively much less. The rates for women have decreased relatively more than those for men, thus increasing the relative difference in mortality between the sexes. At age 20 the male rate is now more than twice the female rate. The reason for this growing difference is only partly understood. The relative decrease from 1939-41 to 1949-51 is in most cases greater than that in any previous period between life tables. The 1954 figures suggest a trend toward less relative decrease at young ages; this trend is especially noticeable for males at age 20. In some cases at the older ages there is an increase between the two consecutive life tables; this rise may be due to underregistration of deaths and misstatement of age in the data used for the earlier life tables or to the expansion of the Death Registration Area.

Table 3 shows the number of survivors at ages 20, 40, and 65 from 1,000 live births and the average years of future life (expectation of life) at ages 0, 20, 40, and 65 for 1900-02,

Table 2.—Life table death rates per 1,000 in the population, by sex, selected years 1900-54

Age	1900-02	1909-11	1919-21 ¹	1929-31 ¹	1939-41	1949-51	1954 ²	1954 as percent of 1900-02
Male								
0	135.7	125.0	82.3	64.9	52.4	33.4	29.7	22
1	35.2	28.8	17.0	10.6	5.5	2.4	2.0	6
10	2.8	2.4	2.2	1.5	1.0	0.6	0.5	18
20	6.1	5.0	4.9	3.8	2.5	1.8	1.8	30
30	8.1	6.8	6.2	5.0	3.4	2.1	1.9	23
40	10.7	10.5	8.1	7.8	6.0	4.4	3.8	36
50	15.6	15.8	12.3	14.1	12.6	11.0	10.3	66
60	28.8	31.0	25.1	27.5	26.5	24.8	23.2	81
70	59.1	62.4	54.9	58.7	54.8	50.7	49.1	83
80	133.6	135.6	119.4	130.0	123.9	108.7	103.5	77
Female								
0	112.7	103.8	65.9	52.1	41.5	25.9	22.6	20
1	31.8	26.4	15.3	9.4	4.9	2.2	1.7	5
10	2.6	2.1	1.9	1.2	0.8	0.4	0.3	12
20	5.7	4.4	5.1	3.5	1.9	0.9	0.7	12
30	7.8	6.2	6.7	4.6	2.8	1.4	1.1	14
40	9.4	8.2	7.5	6.4	4.5	3.0	2.5	27
50	13.6	12.8	11.5	11.1	8.8	6.6	5.9	43
60	25.3	26.1	22.5	22.0	18.4	14.6	12.5	49
70	53.8	56.8	50.7	49.4	42.7	34.8	31.3	58
80	120.9	125.7	112.9	116.3	106.9	89.6	82.4	68

¹ Estimated. Life tables were not prepared for all men and all women but only for white men, Negro

men, white women, and Negro women.
² Estimated.

1939-41, and 1954. The figures are based solely on the years covered by the life table. Thus the expectation of 61.6 years at birth for males in the 1939-41 life table does not mean that male infants born during 1939-41 would live 61.6 years on the average. Instead it means their average lifetime would be 61.6 years if at every age they experienced the death rate that prevailed at that age in 1939-41. Actually, with the improvement that has taken place since 1939-41 and that will probably continue in the future, this group will have a greater average lifetime. Mortality of children and young adults has been reduced so much that any additional reductions at those ages cannot greatly increase the expectation of life.

Table 3.—Number of survivors per 1,000 live births and expectation of life, selected years, 1900-54

Age	1900-02		1939-41		1954 ¹	
	Survivors per 1,000 live births	Expectation of life	Survivors per 1,000 live births	Expectation of life	Survivors per 1,000 live births	Expectation of life
Male						
0-.....	1,000	47.9	1,000	61.6	1,000	66.8
20-.....	760	42.0	916	46.9	953	49.8
40-.....	644	27.6	852	29.6	912	31.5
65-.....	387	11.5	558	12.1	639	13.2
Female						
0-.....	1,000	50.7	1,000	65.9	1,000	72.9
20-.....	786	43.6	933	50.4	966	55.2
40-.....	674	29.1	881	32.7	942	36.3
65-.....	432	12.2	655	13.6	772	15.7

¹ Estimated.

Mortality varies not only with age and sex but with many other factors—race, occupation, marital status, and region of residence, for example. The variation caused by such factors is of less importance to the social security program, however, and is not considered here.

Crude death rates by cause of death are shown in table 4 for 1900 and 1954. While the total rate declined 47 percent, the rate for diseases of the cardiovascular-renal system has increased 43 percent and the rate for malignant neoplasms (cancer) more than doubled. The

great drop in the total has been the result of the decrease in mortality from other diseases—mainly infectious diseases. This is the reason the decrease in mortality has been much greater at the young ages. Medical advances and higher living standards have greatly reduced the hazard from infectious diseases, but much less progress has been made in attacking the degenerative diseases of middle age and old age. The increase in the rates for the latter diseases has resulted largely from the deaths of persons who, under the conditions of 1900, would have died earlier in life from an infectious disease.

Table 4.—Crude death rates per 1,000 in the population, by cause of death, 1900 and 1954

Cause of death	1900	1954
Total.....	17.19	9.19
Diseases of the cardiovascular-renal system.....	3.45	4.95
Malignant neoplasms.....	.64	1.46
All other diseases.....	12.26	2.07
Accidents, suicide, and homicide.....	.84	.71

The great decrease in mortality at young adult ages has reduced the problem of orphanhood. It is estimated that the number of paternal orphans under age 18 decreased from 3,350,000 (8.5 percent of the population under age 18) in 1920 to 1,840,000 (3.4 percent of the population under age 18) in 1954.¹ As a result, costs are lower than they would otherwise be for mother's and child's benefits under old-age and survivors insurance.

Of much more importance to the social security program is the cost of benefits to the aged. This cost depends on the number of aged persons in relation to the working population. The problem of how changes in mortality affect the age distribution of the population is a complicated one. It takes a long time for the full effects of a change to be felt. The age distribution also depends on birth rates and on migration and it is difficult to isolate the effects of a single factor. At first thought it might seem that a decrease in mortality would imme-

diately produce a relatively older population. Actually, however, a decrease in mortality at the young ages increases the number of women who survive throughout the child-bearing period and thus, unless birth rates decline, may produce a larger total population that is relatively younger. A population probably cannot go on increasing indefinitely. In the long run a decrease in mortality will probably lead to lower birth rates and a relatively older population.

The ultimate effects on the age distribution of the indefinite continuation of a given set of death rates can be shown. If the rates at each age were to remain the same indefinitely and birth rates were adjusted to maintain a level population, the age distribution would eventually cease to change and a stationary population would result. Table 5 shows age distributions of the stationary populations based on 1900-02 and 1954 mortality in comparison with the actual age distributions of 1901 and 1954. The stationary population of 1954 is relatively much older than the actual 1954 population, and old-age and survivors insurance would be much more costly in the stationary population that may be considered the ultimate result of an indefinite continuation of current mortality rates.

Table 5.—Percentage distributions of actual population in 1901 and 1954 and of stationary populations of 1900-02 mortality and 1954 mortality, by age

Age	Actual population ¹		Stationary population	
	1901	1954	1900-02 ²	1954 ³
0-19.....	44.1	35.8	32.9	27.8
20-64.....	51.8	55.8	57.3	57.6
65 and over..	4.1	8.4	9.8	14.6

¹ Estimate based on preceding Census and subsequent births, deaths, and migration. 1954 figures include Armed Forces overseas. With adjustment for Census undercount of young children the 1954 percentages would be 36.1 for ages 0-19 and 55.5 for ages 20-64.

² Based on life table for total population.

³ Based on abridged life table for total population.

Relatively fewer children would be born in the stationary population, however, and this decline might compensate for the increased cost of supporting the aged. The percentage of the population aged 20-64 is slightly

¹ "Orphanhood—A Diminishing Problem," *Social Security Bulletin*, March 1955.

greater in the stationary population. The actual and stationary populations are relatively closer in 1954 than in 1900 because the birth rate has dropped since 1900 and immigration (most immigrants are young) was greatly reduced after World War I. The difficult question is: For how long, and how much, will the population increase? Between 1930 and 1940 it was generally believed that birth rates would stay where they had fallen or go even lower and that the population would soon cease to increase. Actually, birth rates increased from their low level in the thirties, and since 1940 the population has increased rapidly. This trend may continue for a long time. Technological advances may permit a much larger population without a reduction in living standards. Eventually, however, it would seem that the rapid growth must slow down, and then the age distribution of the population will approach that of a stationary population.

Mortality will probably continue to decline and lead ultimately to a population that is even older than the stationary population of 1954 mortality. It is difficult to predict how much mortality will decline. It is dangerous to set any limits to what science can do, but surely the decrease in mortality must stop somewhere. At the young ages mortality has been reduced to the point where accidents are the leading cause of death, and thus any further substantial reductions at young ages will require a reduction in the accidental death rate. The important question for old-age and survivors insurance is what will happen at the older ages. The answer depends on what can be done about diseases of the cardiovascular-renal system and cancer. A decrease in mortality would not necessarily increase the cost of old-age and survivors insurance, however, although it would produce ultimately a relatively older population. There would be some saving in the cost of survivor benefits, but that would not be sufficient to matter. If longer life is accompanied by longer working life, the number of aged beneficiaries might remain relatively the same.

State-Chartered Credit Unions in 1955*

Before 1920, 10 States had enacted credit union laws. During the next 20 years, an additional 33 State credit union laws were passed, and at the end of 1955 there were credit union laws in the District of Columbia, Puerto Rico, and all States except Delaware, Nevada, South Dakota, and Wyoming (table 1).

This summary report on operations of the State-chartered credit unions in 1955 was prepared from data furnished in response to questionnaires calling for composite data, which were sent to all State agencies concerned with the administration of credit union laws. Data for Indiana, Kentucky, and New Hampshire are as of June 30; those for Missouri are as of September 30; and the data for all other States are as of December 31.

State-chartered credit unions experienced substantial growth during 1955 (table 2). The number of active units increased 7.2 percent, from 7,814 to 8,373, between the end of 1954 and the end of 1955, and the number of reporting units increased from 7,713 to 8,244. Membership in the reporting credit unions totaled 4.1 million at the end of 1955, an increase of 364,760 or nearly 10 percent. At the end of 1955, loans outstanding to members exceeded \$1 billion for the first time. The total of \$1,073 million was 23 percent greater than that a year earlier.

Paid-in share capital of the reporting credit unions amounted to \$1,245 million at the end of 1955—an increase of \$199 million or 19 percent from the total at the end of 1954. The credit union laws of 30 States and Puerto Rico permit the acceptance of members' deposits in addition to the purchase of shares. At the end of 1954, members' deposits in these credit unions totaled \$58.5 million; at the end of 1955, they amounted to \$67.1 million. Members' savings in all State-chartered credit unions—paid-in share capital and deposits—totaled \$1,312 million.

* Prepared in the Division of Programs and Reports, Bureau of Federal Credit Unions.

State-chartered credit unions reported reserves totaling nearly \$69 million at the end of 1955. The increase for the year was \$11 million, or 19 percent, compared with an increase of \$9 million or 18 percent during 1954. At the end of 1955, total reserves equaled 6.4 percent of loans outstanding and 5.5 percent of paid-in share capital. The corresponding ratios at the end of 1954 were 6.6 percent and 5.5 percent, respectively.

Total assets amounting to \$1,477 million at the end of 1955 were reported—an average of \$179,140 per credit union. In December 1954, assets totaled \$1,237 million, and the average assets per credit union were \$160,401. The rate of increase in total assets was the same during both years—19 percent. Reported net earnings totaled \$58 million at the end of 1955 and \$48 million at the end of 1954. For both years, net earnings represented the same proportions of paid-in share capital and of total assets—4.6 percent and 3.9 percent, respectively.

The ranking of the States in terms of credit union development has changed little in recent years. At the end of 1955, Illinois had the largest

Table 1.—Development of State-chartered credit unions, 1925-55

Year	Number of credit unions		Number of members	Assets
	Total	Number reporting		
1925.....	419	176	108,090	(1)
1929.....	974	838	264,908	(1)
1931.....	1,500	1,244	286,143	\$33,645,343
1932.....	1,612	1,472	301,119	31,416,072
1933.....	2,016	1,772	359,646	35,496,668
1934.....	2,450	2,028	427,097	40,212,112
1935.....	2,600	2,580	597,609	47,964,068
1936.....	3,490	2,734	854,475	73,659,146
1937.....	3,792	3,128	1,055,736	97,087,995
1938.....	4,299	3,977	1,236,826	117,672,392
1939.....	4,782	4,677	1,459,377	145,803,444
1940.....	5,267	5,175	1,700,390	180,649,090
1941.....	5,663	5,506	1,907,694	216,557,977
1942.....	5,622	5,400	1,797,084	221,114,849
1943.....	5,285	5,124	1,721,240	228,314,723
1944.....	4,968	4,907	1,629,706	253,663,658
1945.....	4,923	4,858	1,626,364	281,524,015
1946.....	5,003	4,954	1,717,616	322,082,553
1947.....	5,155	5,097	1,893,944	380,751,106
1948.....	5,273	5,271	2,120,708	443,049,653
1949.....	5,427	5,402	2,271,115	510,728,465
1950.....	5,585	5,585	2,482,539	599,165,879
1951.....	5,881	5,886	2,732,495	693,613,296
1952.....	6,362	6,324	3,035,046	853,709,783
1953.....	7,096	6,986	3,380,121	1,040,874,693
1954.....	7,814	7,713	3,756,852	1,237,175,567
1955.....	8,373	8,244	4,121,612	1,476,832,006

¹ Data not available.

number of operating units, the largest amount of loans outstanding, the greatest assets, and the largest number of members. Two States (California and Illinois) reported \$100 million or more outstanding in loans. Five States reported \$100 million or more in total assets held by the State credit unions—Illinois, \$219 million; Massachusetts, \$134 million; Wisconsin, \$121 million; California, \$120 million; and Michigan, \$116 million. The Michigan units had the largest average assets (\$297,000), and Massachusetts was second, with \$282,000. These five States had 48 percent of the assets of all State-chartered credit unions at the end of 1955.

Real Estate Loans

Only the reports from Illinois and New Jersey stated that real estate loans were not permitted by the credit union law. Twenty-eight States reported that such loans were permitted, but 12 of them supplied no data on real estate loans. Reports from 14 States indicated that the credit union law was silent on the subject; of these, nine contained no data on real estate loans, and five reports (from Colorado, Oregon, Tennessee, Vermont, and West Virginia) contained either complete or partial data. Only 12 States reported both on loans of this type outstanding at

the end of 1955 and on real estate loans granted during the year. The returns are not sufficiently complete to warrant any firm conclusions as to the aggregate amount of real estate loans held by State-chartered credit unions or the trend in this type of loan activity. These 12 States also made complete reports on such loans for 1954.

Data for 1955 are shown in table 3. Real estate loans accounted for 28.4 percent of total loans outstanding at the year's end and for 7.7 percent of the loans granted during 1955. The corresponding ratios for 1954 were 30 percent and 8.8 percent, respectively. Total loans outstanding, as re-

Table 2.—Operations of State-chartered credit unions, by State, 1955

State	Law enacted	Number of credit unions		Number of members	Loans outstanding, end of year	Paid-in share capital	Reserves	Total assets	Net earnings	Dividends on shares
		Active	Reporting							
Total, 1953 ¹		7,096	6,986	3,380,121	\$733,529,119	\$870,436,258	\$48,874,892	\$1,040,874,593	\$36,199,982	\$24,716,669
Total, 1954 ¹		7,814	7,713	3,756,852	870,079,953	1,046,233,073	57,661,071	1,237,175,567	47,863,421	31,866,944
Total, 1955 ¹		8,373	8,244	4,121,612	1,072,808,852	1,245,007,328	68,509,989	1,476,832,006	57,830,667	38,739,885
Alabama	1927	112	112	63,550	17,031,766	20,280,715	653,406	23,388,521	1,182,173	780,107
Arizona ²	1929	36	36	6,672	1,441,064	(³)	1,570,555	(³)	(³)	(³)
Arkansas	1931	41	41	10,729	1,512,310	(³)	79,020	2,197,648	88,911	59,166
California ⁴	1927	470	470	325,000	100,000,000	105,000,000	4,100,000	120,000,000	5,100,000	3,000,000
Colorado	1931	114	114	62,800	20,600,356	21,068,410	783,035	24,563,027	1,062,730	570,679
Connecticut	1939	140	140	33,613	6,991,327	8,947,065	201,610	9,881,353	303,090	230,386
District of Columbia	1932	17	17	17,764	2,644,550	3,223,518	254,634	3,739,949	140,757	108,813
Florida	1929	239	237	72,011	18,581,281	21,533,249	1,056,336	24,126,695	1,456,542	670,979
Georgia	1925	150	150	66,778	15,765,653	333,851	1,029,393	20,668,916	761,712	11,460
Idaho ⁴	1935	34	34	2,600	336,800	333,300	21,600	388,300	18,200	12,200
Illinois	1925	1,270	1,245	602,381	140,425,188	196,425,058	11,219,602	218,517,013	6,093,707	5,895,404
Indiana ⁵	1923	163	162	(³)	17,722,839	22,604,231	1,174,130	25,213,352	(³)	(³)
Iowa	1925	278	269	93,107	23,963,492	28,240,884	1,224,724	32,192,165	1,089,653	812,282
Kansas	1929	150	150	57,885	12,840,544	15,285,582	528,395	17,120,142	798,711	501,421
Kentucky ⁶	1922	130	130	(³)	12,563,272	14,892,546	846,746	16,702,657	(³)	(³)
Louisiana	1924	97	97	31,354	6,575,749	7,102,562	459,145	8,523,243	434,063	273,604
Maine ⁶	1939	7	7	9,027	2,340,860	2,374,574	174,001	2,895,502	98,697	70,424
Maryland	1929	47	47	44,025	9,868,455	9,763,890	568,208	12,505,642	472,825	357,303
Massachusetts	1909	476	476	379,403	87,605,379	108,376,448	10,379,105	134,101,420	(³)	(³)
Michigan	1925	402	390	249,287	88,835,944	100,553,397	4,489,772	115,795,182	4,466,182	2,983,623
Minnesota	1925	352	352	144,053	52,853,684	52,866,260	2,228,881	65,307,493	2,092,160	1,631,026
Mississippi	1924	11	11	6,099	975,852	1,465,143	80,533	1,614,103	65,744	54,007
Missouri ⁷	1927	477	477	196,239	50,105,697	62,120,687	2,654,964	69,634,023	1,793,986	1,579,204
Montana	1929	15	15	3,035	610,581	678,725	29,178	756,622	46,022	13,248
Nebraska	1919	71	71	27,559	7,323,498	8,051,371	279,255	8,823,500	395,796	250,283
New Hampshire ⁸	1921	33	33	11,600	3,700,552	1,869,140	6,601	4,847,801	162,534	36,889
New Jersey	1924	72	72	40,569	3,867,932	12,187,217	464,581	13,058,476	413,800	313,036
New Mexico	1945	41	41	6,523	683,369	669,611	18,237	752,050	(³)	10,718
New York	1913	193	193	157,092	30,273,592	36,806,236	3,437,946	43,486,445	1,552,336	992,207
North Carolina	1915	202	152	59,101	12,382,019	14,300,359	1,135,744	17,510,885	892,789	357,509
North Dakota	1935	74	74	15,549	4,089,034	5,807,707	203,529	6,249,106	142,131	51,870
Ohio	1931	476	462	236,389	65,858,788	77,740,845	3,403,281	88,600,384	3,738,649	2,294,861
Oklahoma	1933	41	40	36,853	10,410,255	258,320	661,067	12,357,420	499,960	3,978
Oregon	1915	37	37	27,619	8,998,961	9,912,651	498,167	10,880,018	501,100	331,047
Pennsylvania	1933	102	102	67,988	11,981,697	15,867,932	929,482	19,062,021	724,733	483,700
Puerto Rico ⁹	1947	109	107	37,455	5,110,800	4,279,000	113,600	5,360,000	115,197	(³)
Rhode Island	1914	66	63	81,733	30,803,024	25,626,089	2,286,636	42,361,041	1,340,993	682,191
South Carolina ²	1915	26	20	4,613	1,000,000	1,232,698	7,000	1,244,698	(³)	(³)
Tennessee	1923	136	133	70,551	19,251,469	22,709,268	760,976	25,661,753	1,148,120	526,111
Texas	1913	380	380	143,299	44,173,172	46,272,736	1,112,216	52,701,352	2,464,692	1,838,426
Utah	1915	109	109	32,488	11,988,074	12,081,394	318,716	13,477,745	602,328	373,631
Vermont	1941	56	56	9,734	1,301,715	1,376,753	44,760	1,511,420	63,500	26,714
Virginia	1921	77	77	(³)	6,154,943	5,179,025	390,363	7,264,571	(³)	(³)
Washington	1933	131	131	81,734	21,533,205	24,551,177	1,153,687	27,785,755	1,373,780	856,993
West Virginia	1925	25	25	6,999	1,611,283	1,159,798	71,064	1,869,551	81,299	48,939
Wisconsin	1913	688	687	292,552	78,118,827	110,306,081	6,779,912	120,562,491	4,489,303	2,904,947

¹ Includes estimates for unreported data. Totals for 1954 revised.

² Estimated by State Credit Union League.

³ Data not reported.

⁴ Partly estimated.

⁵ Fiscal year ended June 30.

⁶ Includes data for 1 credit union as of October 31.

⁷ Fiscal year ended September 30.

Table 3.—Total amount of loans and of real estate loans made by State-chartered credit unions, 22 States, 1955¹

State	Loans outstanding at end of period		Loans made during period	
	Total	Secured by real estate	Total	Secured by real estate
Total.....	\$650,131,193	\$173,892,028	² \$719,516,000	² \$55,311,000
Colorado.....	20,600,356	2,616,499	25,689,560	1,098,648
Florida.....	18,581,281	1,776,130	25,017,789	(³)
Iowa.....	23,963,492	3,385,954	28,471,437	576,675
Kansas.....	12,840,544	1,224,234	16,168,786	(³)
Maine.....	2,340,860	16,856	3,017,371	2,000
Massachusetts.....	87,605,379	39,343,512	(³)	(³)
Michigan.....	88,835,944	24,775,371	94,130,844	2,488,442
Minnesota.....	52,853,684	21,852,913	56,075,367	8,155,872
Mississippi.....	975,852	110,322	1,142,826	114,500
Missouri.....	50,105,697	7,846,656	(³)	(³)
New Hampshire.....	3,700,552	2,070,107	(³)	(³)
North Dakota.....	4,089,034	429,290	3,207,784	(³)
Ohio.....	65,858,788	7,990,932	90,445,761	(³)
Oregon.....	8,998,961	671,974	10,683,155	212,045
Rhode Island.....	30,803,024	17,477,094	18,842,508	5,234,794
Tennessee.....	19,251,469	3,190,253	(³)	(³)
Texas.....	44,173,172	2,306,061	60,912,289	1,307,321
Utah.....	11,988,074	1,441,790	14,670,715	623,614
Vermont.....	1,301,715	213,528	(³)	(³)
Washington.....	21,533,205	1,615,654	26,260,156	689,770
West Virginia.....	1,611,283	228,434	(³)	(³)
Wisconsin.....	78,118,827	33,308,464	63,691,815	10,481,662

¹ States reporting on real estate loans. Data are for calendar years unless otherwise noted.
² Includes estimate for States not reporting.

³ Data not available.
⁴ Year ended September 30.
⁵ Year ended June 30.

ported by these 12 States, were 22.6 percent higher at the end of 1955 than at the end of 1954, and the amount of real estate loans outstanding was 16.0 percent higher; the total for all loans made during 1955 was 24.2 percent more than that in 1954, and real estate loans amounted to only 8.2 percent more. For each of the 12 States, the amount of all loans outstanding at the end of 1955 and the total lent during the year were higher than in the preceding year. In real estate loans, however, one of these States (Maine) had a smaller amount outstanding, and four States (Colorado, Iowa, Maine, and Michigan) granted a smaller amount.

Federal and State Credit Unions

The Federal Credit Union Act became law June 26, 1934. At the end

of 1955, Federal credit unions were operating in Alaska, the Canal Zone, the District of Columbia, Hawaii, Puerto Rico, the Virgin Islands, and in each of the 48 States. In those jurisdictions that have local credit union laws, a group desiring to organize a credit union may choose to operate under the Federal Credit Union Act or the local law. The Federal credit union law was patterned after the State laws that existed at the time of its passage, and it is similar in most respects to the present-day State laws.

During 1955 the number of reporting Federal credit unions increased 8.0 percent, compared with a 6.9-percent increase in State-chartered units; total assets of Federal credit unions increased 22.7 percent, compared with 19.4 percent in the State units; and total membership in-

creased 12.0 percent in Federal credit unions and 9.7 percent in the State credit unions. State-chartered credit unions, however, showed a greater rate of increase in number of units in 24 States, in total assets in 15 States, and in membership in 19 States. A summary of selected data for Federal and State credit unions as of the end of 1955 is shown in table 4.

Recent Publications*

Social Security Administration

BUREAU OF PUBLIC ASSISTANCE. *State-Wide Plan for Training Meetings, Missouri Department of Public Health and Welfare.* (Current Practices in Staff Training, vol. XI.) Washington: The Bureau, June 1956. 94 pp. Processed.

Describes the method used by the Missouri Department to identify staff training needs and to develop a plan to meet those needs. Limited free distribution; apply to the Bureau of Public Assistance, Social Security Administration, Washington 25, D. C.

BUREAU OF PUBLIC ASSISTANCE. *Washington Training of Social Service Supervisors.* (Current Practices in Staff Training, vol. X.) Washington: The Bureau, June 1956. 87 pp. Processed.

Methods developed by the Department of Public Assistance of the State of Washington for the induction and training of social service supervisors. Limited free distribution; apply to the Bureau of Public Assistance, Social Security Administration, Washington 25, D. C.

VAN EENAM, WELTHA, and PENMAN, MARTHA E. *Analysis of 157 Group Annuity Plans Amended in 1950-54.* (Actuarial Study No. 44.) Washington: Division of the Actuary, 1956. 44 pp. Processed.

Analyzes plans revised since the Social Security Act Amendments of 1950 and compares them with plans adopted during the preceding 4 years. Limited free distribution; apply to the Division of the Actuary, Social

Table 4.—Credit unions in the United States, 1955

Item	Total	State-chartered	Federal
Number in operation.....	16,179	8,373	7,806
Number reporting.....	16,050	8,244	7,806
Membership.....	8,153,832	4,121,612	4,032,220
Amount of loans outstanding.....	\$1,935,850,901	\$1,072,808,852	\$863,042,049
Paid-in share capital.....	2,380,172,204	1,245,007,328	1,135,164,876
Reserves.....	110,021,320	68,509,989	41,511,331
Total assets.....	2,744,259,051	1,476,832,006	1,267,427,045
Net earnings.....	109,662,733	57,830,667	51,832,066
Dividends paid on shares.....	74,123,101	38,739,885	35,383,216

* Prepared in the Library, Department of Health, Education, and Welfare. Orders for items listed should be directed to publishers and booksellers; Federal publications for which prices are listed should be ordered from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

Security Administration, Washington 25, D. C.

General

ANDREWS, WILLIAM H., JR., and MILLER, TAULMAN A. *Employment Security Financing in Indiana*. (Indiana Business Report No. 22.) Bloomington: Indiana University, School of Business, Bureau of Business Research, 1956. 239 pp. \$3.

BENNETT, SAMUEL V. *Unemployment and Relief from the Local Government Point of View. A Report of the W. E. Upjohn Institute for Community Research*. Chicago: Public Administration Service, 1955. 273 pp. \$5.

Reviews what was done to meet the problems of unemployment in the thirties and examines the provisions that would be available for unemployment relief in the future. Considers personal and private provisions against unemployment, public programs of assistance and income maintenance, the costs and financing of unemployment relief, special measures, relief and related welfare activities, and organizing the community for action.

BYRD, OLIVER E. *Family Life Sourcebook*. Stanford: Stanford University Press, 1956. 371 pp. \$7.50.

Summaries of 400 articles published during 1945-55 that trace the development of the family, with data from various surveys.

CALIFORNIA PERSONNEL MANAGEMENT ASSOCIATION. RESEARCH DIVISION. *Guaranteed Annual Wage & Employment Stabilization, A Bibliography*. (Management Report No. 248.) Berkeley: The Association, 1956. 20 pp. Processed.

COMMERCE CLEARING HOUSE. *What You Should Know About the Military Reserve: Helpful Facts for Employer and Employee*. New York: Commerce Clearing House, Inc., 1956. 64 pp. \$1.

CUBAS, EMILIO. *Desarrollos Recientes en el Campo de la Seguridad Social (1953-1955); Volumen II (America)*. (XII Asamblea General de la Asociacion Internacional de la Seguridad Social, Mexico, Noviembre-Diciembre de 1955.) Mexico: Conferencia Interamericana de Seguridad Social, 1956. 202 pp.

Social security systems in the Americas as of early 1953 and developments, 1953-55.

GREAT BRITAIN. STANDING COMMITTEE ON THE REHABILITATION AND RESETTLEMENT OF DISABLED PERSONS.

Services for the Disabled. London: H. M. Stationery Office, 1955. 88 pp. Services provided for the disabled by Government departments, local authorities, and voluntary organizations in the United Kingdom.

INTERNATIONAL LABOR OFFICE. *Report of the Director-General*. (Sixth Conference of American States Members of the International Labor Organization, Havana, September 1956. Report I.) Geneva: The Office, 1956. 99 pp. 75 cents.

Discusses the social aspects of economic developments in American countries, workers' education, housing, and the activities of the International Labor Office.

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An actuarial analysis of the causes of financial instability in social security—population, economic factors, and the programs' coverage, contributions, and benefits. Includes a study of Spanish population development since 1900 and its implications for social security financing.

ISRAEL. NATIONAL INSURANCE INSTITUTE. *First Year of National Insurance, Annual Report, 1954-1955*. Jerusalem, Israel: The Institute, 1956. 111 pp. Processed.

KAEMPFFER, W. W. *Federal Aid in West Virginia, Its Impact on State Government*. (Publication No. 15.) Morgantown: West Virginia University, Bureau for Government Research, 1956. 72 pp.

MUSHKIN, SELMA. *Statistical Materials on the Distribution of Federal Expenditures Among the States*. Washington: U. S. Department of Health, Education, and Welfare. Public Health Service, 1956. 79 pp. Processed.

U. S. DEPARTMENT OF LABOR. BUREAU OF LABOR STANDARDS. *Selected References on Migratory Workers and Their Families, Problems and Programs, 1950-1956*. Washington: The Bureau, 1956. 16 pp. Processed.

WOOLSEY, THEODORE D. *Sampling Methods for a Small Household Survey*. (Public Health Monograph No. 40.) Washington: U. S. Govt. Print. Off., 1956. 16 pp. 20 cents.

A trial survey of illness and availability for work made in Hagerstown, Md., in 1953.

ZAPATA BALLON, ERNESTO. *El Seguro*

de Enfermedad en America Latina. (XII Asamblea General de la Asociacion Internacional de la Seguridad Social, Mexico, Noviembre-Diciembre de 1955.) Mexico: Conferencia Interamericana de Seguridad Social, 1956. 47 pp.

Reviews six typical health insurance programs in Latin America. Includes economic and demographic information.

Retirement and Old Age

CAMPBELL, DONALD F., JR. "The Social Security Act: Twenty Years Experience." *Journal of Accountancy*, New York, Vol. 102, Aug. 1956, pp. 27-34. 75 cents.

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Social Security

Current Operating Statistics

Table 1.—Selected social insurance and related programs, by specified period, 1940–56
[In thousands; data corrected to Oct. 8, 1956]

Year and month	Total	Retirement, disability, and survivor programs										Unemployment insurance programs					
		Monthly retirement and disability benefits ¹				Survivor benefits						Temporary disability benefits under Railroad Unemployment Insurance Act ⁹	State laws ¹⁰	Veterans' legis-lation ¹¹	Rail-road Unem- ploy- ment Insurance Act ⁸		
		Social Secu- rity Act	Rail-road Retirement Act	Civil Service Com- mission ²	Veter- ans Ad- minis- tration ³	Monthly				Lump-sum ⁷							
						Social Secu- rity Act ⁴	Rail- road Retirement Act ⁵	Civil Service Com- mis- sion ²	Veter- ans Ad- minis- tration ⁶	Social Secu- rity Act	Other ⁶						
Number of beneficiaries																	
1955																	
August		5,591.3	418.4	227.8	2,682.7	2,133.2	197.9	71.5	(12)	50.8	12.1	37.5	838.7	69.9	31.2		
September		5,646.3	419.7	229.8	2,688.6	2,150.0	198.8	71.9	1,155.8	48.0	12.0	36.8	763.2	61.8	29.6		
October		5,703.9	422.0	231.3	2,695.2	2,151.6	202.1	73.1	(12)	48.3	12.2	33.8	672.4	42.2	27.3		
November		5,747.6	424.5	231.8	2,700.8	2,154.3	204.6	73.5	(12)	46.1	12.4	37.5	685.3	39.6	33.6		
December		5,788.1	426.7	233.9	2,706.6	2,172.5	206.4	74.3	1,155.6	46.7	12.2	35.7	860.8	50.9	48.0		
1956																	
January		5,817.6	426.8	237.2	2,711.8	2,186.3	207.1	75.3	(12)	46.6	11.9	38.4	1,200.0	66.0	58.1		
February		5,872.2	428.9	239.3	2,704.4	2,197.6	208.0	76.0	(12)	41.8	12.2	29.3	1,309.2	73.5	59.7		
March		5,939.0	431.8	240.5	2,715.9	2,210.7	208.4	77.0	1,165.5	46.8	12.3	27.0	1,312.6	72.2	56.8		
April		6,007.9	434.2	241.4	2,724.9	2,227.7	208.5	77.7	(12)	52.2	12.3	25.3	1,219.5	59.2	44.1		
May		6,070.7	436.9	243.1	2,732.8	2,244.6	209.6	78.4	(12)	53.7	12.7	24.9	1,064.4	44.4	30.9		
June		6,114.4	437.2	244.6	2,738.5	2,260.1	211.0	80.7	1,175.8	49.3	12.2	22.4	1,072.1	45.6	23.0		
July		6,177.2	437.3	244.6	2,743.9	2,274.0	212.1	80.9	(12)	48.3	12.0	24.4	975.6	47.9	38.4		
August		6,275.5	439.1	248.8	2,749.6	2,290.9	212.8	81.5	(12)	50.6	12.3	34.6	931.8	52.1	78.0		
Amount of benefits ¹³																	
1940		\$1,183,462	\$17,150	\$114,166	\$62,019	\$317,851	\$6,371	\$1,448		\$105,996	\$11,833	\$12,267	\$518,700		\$15,961		
1941		1,079,648	51,169	119,912	64,933	320,561	23,644	1,559		111,799	13,270	13,943	344,321		14,537		
1942		1,124,351	76,147	122,806	68,115	325,265	39,523	1,603		111,193	15,005	14,342	344,084		6,268		
1943		911,696	92,943	125,795	72,961	331,350	55,152	1,704		116,133	17,843	17,255	79,643		917		
1944		1,104,638	113,487	129,707	77,193	456,279	73,451	1,765		144,302	22,034	19,238	62,385		\$4,215		
1945		2,047,025	148,107	137,140	83,874	697,830	99,651	1,772		254,238	26,127	23,431	445,866		126,630		2,359
1946		5,135,413	222,320	149,188	94,585	1,268,984	127,933	1,817		333,640	27,851	30,610	1,094,850		1,743,718		39,917
1947		4,658,540	287,554	177,053	106,876	1,676,029	149,179	19,283		382,515	29,460	33,115	\$11,368		776,165		39,401
1948		4,454,705	352,022	208,642	132,852	1,711,182	171,837	36,011	\$918	413,912	32,315	32,140	30,843		793,265		510,167
1949		5,613,168	437,420	240,893	158,973	1,692,215	196,586	39,257	4,317	477,406	33,158	31,771	30,103		1,737,279		430,194
1950		5,196,761	651,409	254,240	175,787	1,732,208	276,945	43,884	8,409	491,579	32,740	33,578	28,099		1,373,426		34,653
1951		5,503,855	1,321,061	268,733	196,529	1,647,938	506,803	49,527	14,014	519,398	57,337	33,356	26,297		840,411		2,234
1952		6,285,237	1,539,327	361,200	225,120	1,722,225	591,504	74,085	19,986	572,983	63,298	37,251	34,689		998,237		3,539
1953		7,353,396	2,175,311	374,112	269,300	1,840,437	743,536	83,319	27,325	613,475	87,451	43,377	45,150		962,221		41,608
1954		9,455,374	2,697,982	428,900	298,126	1,921,380	879,952	93,201	32,530	628,801	92,229	41,480	49,173		1,026,866		107,666
1955		10,275,552	3,747,742	438,970	335,876	2,057,515	1,107,541	121,847	39,362	688,426	112,871	42,233	51,945		1,350,268		87,672
1956																	
1955																	
August		823,944	305,302	35,359	27,582	172,342	89,431	9,607	3,253	58,075	10,176	3,385	5,185		92,834		7,682
September		817,082	308,860	36,521	27,767	171,495	90,344	9,827	3,283	57,789	9,612	3,357	5,064		83,169		6,525
October		811,776	312,861	36,729	30,832	173,660	91,069	10,000	3,703	57,310	9,719	3,398	4,803		70,091		4,243
November		820,709	316,057	36,953	31,135	173,019	91,805	10,146	3,759	57,099	9,304	3,525	5,184		74,674		4,132
December		849,375	318,812	37,151	31,458	173,814	92,801	10,251	3,785	57,361	9,387	3,402	4,979		95,153		5,230
1956																	
January		897,436	321,075	37,191	32,594	173,648	93,595	10,306	3,858	57,762	9,375	3,548	4,871		135,725		6,726
February		907,673	325,167	37,423	32,593	172,628	94,263	10,367	3,928	57,510	8,439	3,540	3,729		143,923		7,051
March		924,543	329,941	37,737	32,546	173,801	95,035	10,407	3,960	57,802	9,411	3,698	3,691		151,998		7,274
April		912,679	334,668	37,980	32,685	175,973	96,007	10,437	4,029	58,560	10,484	3,758	3,308		133,926		5,723
May		909,100	338,759	38,232	32,836	176,656	96,984	10,518	4,094	58,870	10,609	4,054	3,404		125,786		4,694
June		897,302	341,549	38,287	33,108	174,292	97,875	10,608	4,123	58,082	9,798	3,515	3,002		116,040		4,452
July		901,858	345,879	38,319	33,786	174,477	98,741	10,683	4,157	58,794	9,583	3,478	3,138		111,708		4,970
August		921,519	352,610	38,531	33,747	176,028	99,736	10,741	4,202	59,317	10,081	3,629	4,859		112,207		5,630

¹ Under the Social Security Act, retirement benefits—old-age, wife's, and husband's benefits, and benefits to children of old-age beneficiaries—partly estimated. Under the other 3 systems, benefits for age and disability; beginning December 1951, spouse's annuities under the Railroad Retirement Act.

² Data for civil-service retirement and disability fund; excludes noncontributory payments made under the Panama Canal Construction Annuity Act. Through June 1948, retirement and disability benefits include payments to survivors under joint and survivor elections.

³ Pensions and compensation, and subsistence payments to disabled veterans undergoing training; beginning July 1955, payments on estimated basis and adjusted quarterly.

⁴ Mother's, widow's, widower's, parent's, and child's benefits; partly estimated.

⁵ Annuities to widows under joint and survivor elections and, beginning February 1947, survivor benefits—widow's, widower's (first paid December 1951), widow's current, parent's, and child's benefits.

⁶ Payments to widows, parents, and children of deceased veterans; beginning 1955, data for beneficiaries shown as of end of quarter; beginning July 1955, payments on estimated basis and adjusted quarterly.

⁷ Number of decedents on whose account lump-sum payments were made.

⁸ Payments under the Railroad Retirement Act and Federal civil-service and veterans' programs; beginning July 1955, data for veterans' programs on estimated basis.

⁹ Represents average number of beneficiaries in a 14-day registration period; temporary disability benefits first payable July 1947.

¹⁰ Represents average weekly number of beneficiaries; beginning January 1955 includes data for payments to unemployed Federal workers made by the States as agents of the Federal Government.

¹¹ Beginning September 1944, under the Servicemen's Readjustment Act, readjustment allowances to unemployed and self-employed veterans of World War II. Beginning November 1952, under the Veterans' Readjustment Assistance Act, unemployment compensation benefits to veterans with military service since June 1950. Number represents average weekly claims paid.

¹² Not available.

¹³ Payments: under the Social Security Act annual data represent Treasury disbursements and under the Railroad Retirement Act, amounts certified (for both programs monthly data for monthly benefits represent benefits in current-payment status); under the Railroad Unemployment Insurance Act, amounts certified; for Veterans Administration programs, except the readjustment allowance program, disbursements; under the State unemployment insurance laws, the Servicemen's Readjustment Act, and the Veterans' Readjustment Assistance Act, checks issued; for civil-service programs, disbursements through June 1949 and authorizations beginning July 1949. Adjusted on annual basis except for civil-service data and payments under the Railroad Unemployment Insurance Act, which are adjusted monthly.

Source: Based on reports of administrative agencies.

Table 2.—Contributions and taxes collected under selected social insurance and related programs, by specified period, 1954-56

[In thousands]

Period	Retirement, disability, and survivor insurance			Unemployment insurance		
	Federal insurance contributions ¹	Federal civil-service contributions ²	Taxes on carriers and their employees	State unemployment insurance contributions ³	Federal unemployment taxes ⁴	Railroad unemployment insurance contributions ⁵
Fiscal year:						
1954-55 ⁶	\$5,087,154	\$469,856	\$600,106	\$1,142,009	\$279,986	\$23,720
1955-56 ⁷	6,442,326	808,079	634,320	1,328,722	324,654	34,043
2 months ended:						
August 1954	982,465	103,259	95,682	318,992	19,714	1,369
August 1955	1,140,859	330,979	100,454	358,636	18,147	3,674
August 1956 ⁷	(⁸)	621,632	104,780	443,727	2,461	10,267
1955						
August	923,619	55,204	84,970	242,213	15,714	3,554
September	519,117	42,754	59,775	7,065	770	2,399
October	221,517	47,817	18,031	87,766	3,855	204
November	704,700	48,721	84,769	184,576	14,014	2,038
December	340,055	47,326	54,691	12,346	1,156	4,142
1956						
January	186,056	52,318	17,300	71,035	31,850	102
February	661,916	31,404	85,058	130,219	241,146	1,872
March	520,119	59,257	53,870	9,312	5,880	4,126
April	598,353	49,098	15,267	138,956	4,045	596
May	997,587	53,424	91,356	316,671	2,499	12,193
June ⁷	552,047	44,982	53,748	12,140	1,291	2,698
July ⁷	351,031	⁹ 560,769	23,376	148,138	1,719	434
August ⁷	(⁸)	60,862	81,404	295,588	742	9,833

¹ Represents contributions of employees and employers in employments covered by old-age and survivors insurance (beginning December 1952, adjusted for employee-tax refunds); from May 1951, includes deposits in the trust fund by States under voluntary coverage agreements; beginning January 1951, on an estimated basis.

² Represents employee and Government contributions to the civil-service retirement and disability fund; Government contributions are made in 1 month for the entire fiscal year.

³ Represents deposits in State clearing accounts of contributions plus penalties and interest collected from employers and, in 3 jurisdictions, contributions from employees; excludes contributions collected for deposit in State sickness insurance funds. Data reported by State agencies.

⁴ Represents taxes paid by employers under the Federal Unemployment Tax Act.

⁵ Beginning 1947, also covers temporary disability insurance.

⁶ Except for State unemployment insurance contributions, as shown in the *Final Statement of Receipts and Expenditures of the U. S. Government*.

⁷ Preliminary.

⁸ Not available.

⁹ Includes contributions from the Federal Government.

Source: *Monthly Statement of the U. S. Treasury*, and other Treasury reports, unless otherwise noted.

PROGRAM OPERATIONS

(Continued from page 2)

reopening of plants that had been closed for vacation periods. Seasonal hiring in some industries also reduced the number of claims. The number of initial claims, which represent new unemployment, dropped by one-fourth to 836,300; insured unemployment declined 12 percent to a weekly average of 1.1 million.

During an average week in August, 931,800 persons received unemployment benefits—5 percent fewer than in July. Because, however, of the longer work month and a rise of 11 cents (to \$27.04) in the average check paid for total unemployment, the amount of benefits paid went up \$500,000 to \$112.2 million. The number of beneficiaries and total benefit payments were higher (11 percent and 21 percent, respectively) than in August 1955. The larger rise in benefits paid reflects an increase of \$1.98

in the average weekly payments during the past 12 months.

Court Rules on Iowa's ADC Law

Iowa's legal maximum of \$175 a month on payments to families receiving aid to dependent children was held unconstitutional by a ruling of a District Court in May 1956 in the State on the ground that it is discriminatory against large families. The decision was made in an appeal by a mother of six children asking for more aid for her family.

Iowa's maximum on payments in this program was enacted into law by the 1955 legislature; there are no maximums in the State's other public assistance programs. Before the \$175 maximum became effective, the family in question had been receiving more than \$250 a month.

The ruling of the court was based on the Iowa Bill of Rights, which

provides that: "All laws of a general nature shall have a uniform operation; the General Assembly shall not grant to any citizen, or class of citizens, privileges or immunities, which, upon the same terms shall not equally belong to all citizens."

Two families were used as illustrations in the court's decision—a family of two parents with six children and a family of two parents with two children. Budgetary requirements for the family with six children were shown as \$278.83 a month, based on standards set by the State agency. For the family of two children, requirements totaled \$159.62. Because of the law setting the maximum family payment at \$175, the larger family's payment was reduced to \$175, which covered only 63 percent of established need. The smaller family, since its requirements were within the \$175

(Continued on page 27)

Social Security

Table 3.—Status of the old-age and survivors insurance trust fund, by specified period, 1937-56

[In thousands]

Period	Receipts		Expenditures		Assets		
	Net contribution income and transfers ¹	Interest received ¹	Benefit payments	Administrative expenses ²	Net total of U. S. Government securities acquired ³	Cash balance at end of period	Total assets at end of period
Cumulative, January 1937-July 1956 ⁴	\$42,428,952	\$3,918,879	\$22,932,462	\$961,144	\$21,821,430	\$632,795	\$22,454,225
Fiscal year:							
1954-55 ⁵	5,087,154	447,580	4,333,147	103,202	1,240,627	560,511	21,141,001
1955-56 ⁶	6,442,326	494,889	5,360,813	124,339	1,462,540	550,034	22,563,064
1955							
July.....	217,239	⁷ 7,439	423,430	11,131	266,104	84,524	20,931,119
August.....	923,619	1,330	428,390	10,241	438,002	132,840	21,417,437
September.....	519,117	15,330	428,522	9,976	-269,558	498,347	21,513,386
October.....	221,517	18,127	434,163	9,770	-228,059	522,116	21,309,097
November.....	704,700	4,219	436,644	12,542	179,000	602,849	21,568,830
December.....	340,055	201,141	437,443	9,479	135,884	561,238	21,663,104
1956							
January.....	186,056	⁷ 1,041	438,481	9,727	-247,406	547,533	21,401,992
February.....	661,916	3,303	444,634	9,999	70,352	687,767	21,612,579
March.....	520,119	13,737	457,667	10,227	175,942	577,786	21,678,541
April.....	598,353	18,427	471,736	9,568	-179,159	892,421	21,814,016
May.....	997,587	4,600	478,994	12,440	647,668	755,506	22,324,769
June ⁸	552,047	206,196	480,708	9,239	473,767	550,034	22,593,064
July ⁸	351,031	1,081	479,651	11,300	-221,601	632,795	22,454,225

¹ For July 1940 to December 1950 equals taxes collected; beginning January 1951, equals amounts appropriated (estimated tax collections) and, from May 1951, deposits by States under voluntary coverage agreements. For 1947-51 includes amounts appropriated to meet costs of benefits payable to certain veterans' survivors. Beginning 1952, includes deductions to adjust for reimbursement to the General Treasury of the estimated amount of taxes subject to refund for employees who paid contributions on more than \$3,600 a year (through working for more than 1 employer)—\$66 million in October 1955 for 1954 taxes.

² Includes interest transferred from the railroad retirement account under the financial interchange provision of the Railroad Retirement Act, as amended in 1951. See footnote 6.

³ Represents net expenditures for administration. Beginning November 1951, adjusted for reimbursements to trust fund of small amounts for sales of supplies and services. Beginning October 1953, includes amounts for expenses

of plans and preparations for construction authorized by P.L. 170, 83d Cong., 1st sess.

⁴ Includes accrued interest and repayments on account of accrued interest on bonds at time of purchase.

⁵ Data for fiscal year 1954-55 revised to correspond with *Final Statement of Receipts and Expenditures of the U. S. Government*. Cumulative data and those for fiscal year 1955-56, June 1956, and July 1956 are preliminary.

⁶ Represents interest transferred from the railroad retirement account—in July 1955 on \$330.6 million for the fiscal year 1954-55—on the estimated amount that would place the old-age and survivors insurance trust fund in the same position it would have been in at the beginning of the fiscal year if railroad employment had always been covered under old-age and survivors insurance.

⁷ Includes \$50,781 profit to the fund on sale of securities.

Source: *Monthly Statement of Receipts and Expenditures of the U. S. Government* and unpublished Treasury report.

Table 4.—Old-age and survivors insurance: Monthly benefits in current-payment status at the end of the month by type of benefit and by month, August 1955-August 1956, and monthly benefits awarded, August 1956 ¹

[Amounts in thousands; data corrected to Sept. 27, 1956]

Item	Total		Old-age		Wife's or husband's		Child's		Widow's or widower's		Mother's		Parent's	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Monthly benefits in current-payment status at end of month:														
1955														
August.....	7,724,551	\$394,733.0	4,318,020	\$264,992.2	1,154,962	\$37,962.6	1,237,185	\$44,549.4	702,645	\$32,984.3	286,008	\$13,002.3	25,731	\$1,242.2
September.....	7,796,310	399,203.8	4,361,542	268,118.5	1,165,314	38,363.5	1,246,578	45,010.0	710,193	33,401.7	286,813	13,058.6	25,870	1,251.6
October.....	7,855,522	403,960.0	4,406,750	271,652.1	1,176,724	38,801.8	1,257,568	45,537.5	700,631	33,550.9	288,455	13,167.5	25,394	1,250.1
November.....	7,901,917	407,861.9	4,441,542	274,499.2	1,184,794	39,126.0	1,266,991	45,985.1	693,498	33,729.7	290,039	13,272.3	25,053	1,249.5
December.....	7,960,616	411,612.8	4,473,971	276,941.8	1,191,963	39,415.5	1,276,240	46,443.6	701,360	34,152.2	291,916	13,403.0	25,166	1,256.5
1956														
January.....	8,003,915	414,669.5	4,497,924	278,944.5	1,197,385	39,668.0	1,281,915	46,782.0	709,569	34,585.9	291,850	13,425.5	25,272	1,263.6
February.....	8,069,862	419,429.8	4,541,282	282,556.5	1,207,832	40,119.4	1,287,480	47,096.4	715,965	34,932.3	292,003	13,459.1	25,300	1,266.1
March.....	8,149,733	424,975.4	4,594,991	286,817.7	1,219,883	40,605.2	1,293,384	47,422.3	723,119	35,317.0	292,900	13,542.4	25,366	1,270.8
April.....	8,235,594	430,675.4	4,649,159	290,968.1	1,233,164	41,141.2	1,301,683	47,859.3	731,146	35,750.0	294,950	13,677.7	25,492	1,279.1
May.....	8,315,314	435,742.9	4,697,531	294,528.6	1,246,118	41,632.8	1,310,331	48,312.0	739,968	36,224.6	295,771	13,759.0	25,595	1,285.8
June.....	8,374,453	439,423.8	4,731,942	296,976.4	1,255,018	41,968.4	1,316,728	48,662.0	747,766	36,647.7	297,294	13,875.9	25,705	1,293.3
July.....	8,451,169	444,620.4	4,781,036	300,776.8	1,268,051	42,477.0	1,320,390	48,912.8	756,213	37,106.2	299,675	14,047.2	25,804	1,300.4
August.....	8,566,410	452,345.9	4,855,532	306,613.1	1,290,596	43,336.9	1,327,584	49,300.1	764,555	37,561.7	302,199	14,225.8	25,924	1,308.3
Monthly benefits awarded in August 1956.....	166,567	9,835.6	94,494	6,887.2	33,826	1,186.7	19,847	773.7	11,716	614.0	6,384	357.0	300	16.9

¹ Beginning December 1955, all benefits of persons receiving both an old-age benefit and a widow's, widower's, or parent's secondary benefit are included only in the number of old-age benefits and the amount of the reduced secondary benefit is combined with the amount of the old-age benefit.

Table 5.—Employment security: Selected data on nonfarm placements and unemployment insurance claims and benefits, by State, August 1956¹

Region and State	Nonfarm place- ments	Initial claims ²		Weeks of unemploy- ment covered by continued claims		Compensated unemployment					Average weekly insured unem- ployment ⁴
		Total	Women ³	Total	Women	All types of unemployment ⁴			Total unemployment		
						Weeks compen- sated	Benefits paid ⁵	Average weekly number of benefi- ciaries	Weeks compen- sated	Average weekly payment	
Total	577,140	836,337	300,727	4,902,178	2,050,890	4,286,295	\$112,207,427	931,803	3,948,317	\$27.04	⁶ 1,058,636
Region I:											
Connecticut	8,742	17,171	7,946	86,166	46,804	68,296	1,855,065	14,847	64,681	27.90	17,838
Maine	2,652	3,984	1,858	23,587	14,008	20,434	377,675	4,442	18,817	18.90	5,086
Massachusetts	18,071	31,553	16,676	139,277	74,326	125,371	2,972,918	27,255	111,623	24.45	30,143
New Hampshire	2,016	3,744	2,221	23,721	14,471	20,997	451,164	4,565	18,786	22.63	5,370
Rhode Island	1,716	9,352	5,402	49,754	28,322	43,550	1,115,588	9,467	39,298	26.84	9,494
Vermont	1,715	783	539	5,617	3,968	5,331	109,775	1,159	4,894	21.40	1,168
Region II:											
New Jersey	12,538	35,807	15,970	264,352	137,721	243,252	7,433,969	52,881	217,755	31.47	55,900
New York	72,738	111,141	55,108	561,787	269,696	506,532	14,240,625	110,116	451,788	29.72	117,152
Puerto Rico	3,383	306	65	2,400	542	1,356	32,197	295	1,345	23.09	
Virgin Islands	210	1		17	0	17	259	4	17	15.24	
Region III:											
Delaware	595	1,128	353	8,766	2,806	9,218	270,089	2,004	8,802	29.96	1,872
District of Columbia	3,311	2,436	834	18,218	7,979	16,227	416,278	3,528	15,878	25.79	3,909
Maryland	7,818	10,931	3,690	53,094	20,696	50,704	1,252,587	11,023	46,976	25.42	11,018
North Carolina	17,444	22,179	11,915	117,316	64,796	115,829	2,036,589	25,180	104,911	18.23	24,822
Pennsylvania	25,043	91,591	32,662	641,797	254,822	591,873	15,703,894	128,668	539,274	27.60	135,700
Virginia	9,339	6,265	2,346	46,954	24,212	42,456	794,676	9,230	40,749	18.98	10,396
West Virginia	2,621	7,863	1,116	54,623	12,968	55,094	1,251,074	11,977	40,750	22.62	11,675
Region IV:											
Alabama	9,211	11,154	3,113	105,880	24,496	67,608	1,356,677	14,697	65,596	20.25	20,502
Florida	19,466	12,169	5,853	106,886	62,206	91,676	1,868,959	19,930	88,762	20.58	23,198
Georgia	12,248	14,361	5,855	99,126	50,618	83,756	1,689,946	18,208	77,637	20.76	21,507
Mississippi	7,840	6,802	2,304	49,276	17,227	38,644	735,518	8,401	36,375	19.39	10,282
South Carolina	9,254	10,242	4,521	58,548	29,494	50,097	1,013,399	10,891	45,856	20.68	12,406
Tennessee	10,640	18,649	7,092	155,002	68,247	130,737	2,567,960	28,421	124,270	19.94	32,790
Region V:											
Kentucky	6,078	12,938	2,748	134,288	43,204	103,082	2,131,320	22,409	95,757	21.33	29,087
Michigan	12,493	101,585	21,587	521,201	130,118	455,706	15,521,943	99,067	445,660	34.41	128,043
Ohio	29,299	30,079	10,064	204,955	90,971	183,803	5,478,976	39,957	172,832	30.69	43,370
Region VI:											
Illinois	23,809	49,464	16,554	261,542	118,796	219,971	5,818,063	47,820	194,181	27.98	58,478
Indiana	7,839	28,705	7,448	143,690	50,221	135,301	3,581,288	29,413	126,468	27.21	32,707
Minnesota	12,472	10,742	1,799	55,433	20,651	44,125	1,017,760	9,592	41,408	23.52	11,922
Wisconsin	14,004	10,100	3,269	69,994	24,605	63,658	1,968,787	13,839	58,808	31.43	15,104
Region VII:											
Iowa	8,314	3,810	1,353	27,147	13,701	22,236	517,724	4,834	19,617	24.61	5,722
Kansas	9,129	4,111	1,099	23,352	8,367	23,000	595,601	5,000	21,427	26.55	5,077
Missouri	8,924	19,217	6,865	102,641	42,738	79,402	1,595,258	17,261	71,108	21.17	22,711
Nebraska	5,444	1,923	724	13,468	7,251	12,774	300,946	2,777	12,127	24.17	2,955
North Dakota	2,622	238	94	1,627	852	1,584	35,995	344	1,315	23.86	321
South Dakota	1,877	439	184	2,321	1,111	2,167	45,090	471	1,917	21.81	518
Region VIII:											
Arkansas	5,998	6,570	1,954	39,615	12,906	27,985	520,106	6,084	25,732	19.08	8,786
Louisiana	8,945	8,322	1,525	47,640	18,062	39,015	822,560	8,482	35,710	21.79	9,877
Oklahoma	13,372	6,587	1,765	39,452	14,533	33,814	787,040	7,351	31,360	23.98	8,455
Texas	44,483	17,547	4,718	91,162	33,591	86,400	1,877,661	18,783	84,161	21.97	20,972
Region IX:											
Colorado	9,830	2,488	684	12,318	3,788	10,914	266,635	2,373	10,259	25.96	2,566
Montana	3,422	663	257	3,631	1,886	3,149	71,035	685	3,149	22.46	777
New Mexico	3,746	2,303	295	9,477	1,904	6,944	165,745	1,510	6,419	24.40	1,801
Utah	3,497	1,797	496	12,381	4,620	11,562	311,516	2,513	10,561	28.03	2,303
Wyoming	2,427	384	98	2,872	684	2,589	74,820	563	2,059	28.60	423
Region X:											
Arizona	4,741	3,329	773	15,746	5,357	11,885	295,300	2,584	11,118	25.33	3,391
California	46,860	60,888	20,281	273,977	123,405	221,918	6,035,558	48,243	202,242	28.30	57,862
Hawaii	860	1,652	561	10,433	4,111	9,221	223,563	2,005	8,559	25.15	(⁷)
Nevada	2,560	1,779	354	7,427	2,035	8,230	264,108	1,789	7,805	32.51	1,586
Region XI:											
Alaska	1,134	341	106	1,662	711	2,018	61,107	439	1,908	30.82	(⁷)
Idaho	5,630	667	313	6,665	4,801	5,926	129,461	1,288	5,580	22.09	1,422
Oregon	7,759	6,482	2,020	26,919	12,588	22,260	585,145	4,839	20,897	26.67	5,773
Washington	10,961	11,575	3,300	66,918	28,497	56,601	1,560,405	12,305	53,333	28.06	14,385

¹ Includes, except as otherwise noted, data for the Federal employees' unemployment insurance program, administered by the States as agents of the Federal Government.

² Total excludes transitional claims.

³ Excludes claims filed solely under the Federal employees' unemployment insurance program.

⁴ Total, part-total, and partial.

⁵ Not adjusted for voided benefit checks and transfers under interstate combined-wage plan.

⁶ Excludes Alaska and Hawaii.

⁷ Data not available.

Source: Department of Labor, Bureau of Employment Security, and affiliated State agencies.

Table 6.—Public assistance in the United States, by month, August 1955–August 1956¹

[Except for general assistance, includes vendor payments for medical care and cases receiving only such payments]

Year and month	Total ²	Old-age assistance	Aid to dependent children			Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases)	Total	Old-age assistance	Aid to dependent children (families)	Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases)
			Families	Recipients										
				Total ³	Children									

Number of recipients										Percentage change from previous month				
1955														
August		2,551,615	607,822	2,199,090	1,661,809	104,164	240,299	297,000		+0.1	-0.6	(⁴)	+0.6	-0.1
September		2,552,536	604,457	2,191,138	1,656,814	104,249	240,870	290,000		(⁴)	-6	+0.1	+2	-2.4
October		2,552,991	598,459	2,171,169	1,642,869	104,444	242,320	286,000		(⁴)	-1.0	+2	+6	-1.3
November		2,554,709	598,113	2,173,222	1,644,728	104,718	242,122	297,000		+1	-1	+3	-1	+3.8
December		2,552,899	602,787	2,193,215	1,661,206	104,860	244,010	314,000		-1	+8	+1	+8	+5.9
1956														
January		2,545,576	605,674	2,205,913	1,670,728	104,947	245,210	330,000		-3	+5	+1	+5	+5.1
February		2,538,518	608,628	2,220,653	1,682,363	104,772	247,117	336,000		-3	+5	-2	+8	+1.7
March		2,535,419	613,246	2,240,856	1,698,296	105,083	249,118	336,000		-1	+8	+3	+8	(⁵)
April		2,530,720	615,985	2,253,738	1,708,484	105,229	251,533	322,000		-2	+4	+1	+1.0	-4.2
May		2,527,753	617,058	2,258,858	1,713,503	105,469	255,954	303,000		-1	+2	+2	+1.8	-5.9
June		2,523,716	613,720	2,250,229	1,707,629	105,796	258,279	290,000		-2	-5	+3	+9	-4.3
July		2,519,469	607,468	2,228,590	1,691,346	105,990	260,082	288,000		-2	-1.0	+2	+7	-8
August		2,515,297	607,755	2,231,976	1,693,529	106,444	261,594	296,000		-2	(⁴)	+4	+6	+3.0
Amount of assistance										Percentage change from previous month				
1955														
August	\$226,875,000	\$133,649,806		\$52,763,377		\$5,888,035	\$13,300,930	\$15,718,000	-0.4	-0.5	-0.4	-0.3	+0.9	-1.4
September	227,079,000	133,999,430		52,851,801		5,945,057	13,284,871	15,358,000	+1	+3	+2	+1.0	-1	-2.3
October	228,821,000	136,034,539		52,512,850		6,039,250	13,450,637	15,178,000	+8	+1.5	-6	+1.6	+1.2	-1.2
November	230,300,000	136,805,741		52,580,182		6,054,577	13,458,492	15,849,000	+7	+6	+1	+3	+1	+4.4
December	234,139,000	137,666,789		53,415,407		6,090,775	13,709,025	17,300,000	+1.6	+6	+1.6	+6	+1.9	+9.2
1956														
January	235,480,000	138,276,533		53,474,008		6,100,996	13,784,271	18,012,000	+6	+4	+1	+2	+5	+4.1
February	235,733,000	137,284,906		54,051,818		6,110,375	13,943,747	18,506,000	+1	-7	+1.1	+2	+1.2	+2.7
March	237,157,000	137,313,059		54,818,422		6,144,744	14,082,191	18,585,000	+6	(⁴)	+1.4	+6	+1.0	+4.3
April	236,526,000	137,412,301		55,239,202		6,170,895	14,272,922	17,407,000	-3	+1	+8	+4	+1.4	-6
May	235,923,000	137,436,276		55,222,938		6,375,783	14,557,834	16,054,000	-3	(⁴)	(⁴)	+3.3	+2.0	-7.8
June	233,756,000	137,005,608		54,785,725		6,392,529	14,649,950	15,051,000	-9	-3	-8	+3	+6	-6.2
July	234,479,000	138,590,223		54,385,013		6,408,216	14,656,710	15,035,000	+3	+1.2	-7	+2	(⁴)	-1
August	236,568,000	138,729,274		54,706,719		6,501,502	14,914,756	16,024,000	+9	+1	+6	+1.5	+1.8	+6

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States.

³ Includes as recipients the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.

⁴ Increase of less than 0.05 percent.

⁵ Decrease of less than 0.05 percent.

COURT RULING

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maximum, received a payment covering 100 percent of its need.

The court stated that the family situations differed only in size and that "size alone does not permit different treatment." It could find no legal basis for penalizing the larger family by cutting it off with only part of its need covered by the payment. In the opinion of the court, this "unwarranted discrimination" created by the statute makes unconstitutional the law setting a maximum of \$175 for families receiving aid to dependent children.

The State assistance agency, it is understood, has appealed the case.

In the event the lower court is upheld, the decision may have far-reaching implications with respect to State maximums on payments to families.

National Health Survey Program

Public Law No. 652, signed by President Eisenhower on July 3, 1956, authorizes continuing surveys and special studies to determine the extent of illness and disability in the United States and to collect related information concerning the health problems of the population. The most recent comprehensive data now available on illness, disability, and the utilization of medical care by individuals and families came from the National Health Survey of 1935-36. Limited

studies and special surveys have been made since that time, but they have served only to emphasize the need for up-to-date, nationwide, comprehensive information. From 1949 through 1953, several advisory committees studied the need for a new survey. Their proposals laid the foundation for Public Law No. 652 and the program that is now being developed by the Public Health Service to carry out its provisions.

According to present plans, the program will consist of three parts: (1) a continuous sampling of households on a national basis, with the information being collected from each household by carefully trained and supervised interviewers; (2) a series of special studies to gather in-

Table 7.—Amount of vendor payments for medical care for recipients of public assistance, by program and State, August 1956¹

State	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance ²
Total.....	\$11,652,579	\$2,045,992	\$323,997	\$2,169,986	³ \$5,692,000
Alabama.....	1,406	498	77	559	29
Alaska.....				(⁴)	24,352
California.....	249,134		21,791	(⁴)	88,165
Colorado.....			165		(⁴)
Connecticut.....	277,661	112,350	5,344	72,072	(⁴)
Hawaii.....	8,030	21,766	204	4,728	(⁴)
Illinois.....	1,829,635	275,986	57,005	291,096	458,183
Indiana.....	471,647	79,402	17,093	(⁴)	184,955
Iowa.....				(⁴)	210,094
Kansas.....	228,735	47,620	4,399	40,453	30,926
Louisiana.....	158	5,419	252	2,366	2,513
Maine.....	47,048	13,017	1,557	4,248	40,557
Massachusetts.....	2,201,452	147,132	5,732	537,011	116,395
Michigan.....	187,570		3,282	31,654	102,152
Minnesota.....	1,323,366	100,349	37,905	12,615	188,414
Montana.....					152,185
Nebraska.....					187,632
Nevada.....	7,050			(⁴)	71,400
New Hampshire.....	87,495	12,433	2,871	8,820	(⁴)
New Jersey.....		23,466	185		121,988
New Mexico.....	38,804	23,443	1,884	6,489	2,324
New York.....	2,210,114	699,772	90,353	835,447	(⁴)
North Carolina.....	47,535	17,228		13,305	184,126
North Dakota.....	148,317	16,725	448	22,623	20,391
Ohio.....	310,071	17,519	14,435		1,070,365
Oregon.....	198,525	19,153	2,242	43,566	68,313
Pennsylvania.....	130,815	117,168	32,262	49,449	78,865
Rhode Island.....	64,843	34,580	1,182	19,115	43,246
South Carolina.....					17,599
South Dakota.....					109,121
Utah.....	871	790	48	280	203
Virgin Islands.....	338	120	15	52	140
Virginia.....					7,537
Washington.....	994,438	127,233	9,146	107,538	188,914
West Virginia.....	39,102	30,434	2,028	14,296	6,802
Wisconsin.....	548,419	102,389	14,092	52,204	157,548
Wyoming.....					44,396

¹ For the special types of public assistance figures in italics represent payments made without Federal participation. States not shown made no vendor payments during the month or did not report such payments.

² In all States except California, Illinois, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, Oregon, Pennsylvania, Utah, the Virgin Islands, Washington, West Virginia, and Wisconsin include pay-

ments made on behalf of recipients of the special types of public assistance.

³ Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and reporting these data semiannually but not on a monthly basis.

⁴ No program for aid to the permanently and totally disabled.

⁵ Data not available.

formation (such as clinical data) that cannot be obtained by household interviews; and (3) methodological studies—for example, studies to improve techniques of measurement. It is hoped that the household survey, which will be carried out by the Bu-

reau of the Census under a contract with the Public Health Service, will get under way in March 1957. The Public Health Service is establishing a Departmental Advisory Committee, on which various units of the Department of Health, Education, and

Welfare—including the Social Security Administration—will be represented; the committee will advise on the development of the program. There will also be an interdepartmental and a professional advisory committee.

Table 8.—Average payments including vendor payments for medical care, average amount of money payments, and average amount of vendor payments for assistance cases, by program and State, August 1956¹

State	Old-age assistance			Aid to dependent children (per family)			Aid to the blind			Aid to the permanently and totally disabled		
	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ²	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ²	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ²	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ²
Total, 53 States ⁴	\$55.15	\$50.83	\$4.63	\$90.01	\$86.77	\$3.37	\$61.08	\$58.25	\$3.04	\$57.01	\$49.30	\$8.30
Alabama	32.72	32.71	.01	41.29	41.26	.03	33.82	33.77	.04	34.67	34.63	.05
California	71.59	70.92	.94				88.26	86.98	1.64	(⁵)	(⁵)	(⁵)
Colorado							65.71	65.41	.60			
Connecticut	90.78	73.78	17.00	142.78	121.78	21.00	98.81	82.81	16.00	119.03	86.03	33.00
Hawaii	43.19	38.27	4.92	101.81	94.10	7.72	52.60	50.52	2.08	53.10	49.48	3.62
Illinois	61.52	42.99	20.33	140.91	129.88	11.07	68.25	52.62	16.48	78.42	49.41	30.23
Indiana	51.57	38.53	13.84	92.21	83.30	9.08	62.06	53.02	9.52	(⁵)	(⁵)	(⁵)
Kansas	67.16	60.61	6.90	113.31	103.74	10.41	73.30	66.54	6.97	72.18	62.25	10.32
Louisiana	60.88	60.88	(⁶)	73.59	73.32	.27	74.98	74.85	.12	45.82	45.65	.17
Maine	50.17	46.21	4.00	84.30	81.30	3.00	53.83	50.93	3.00	58.19	52.19	6.00
Massachusetts	85.11	59.81	25.78	139.68	128.21	11.82	104.65	103.01	1.97	107.79	63.01	48.39
Michigan	59.82	58.81	2.65				67.56	66.91	1.86	79.68	78.09	12.11
Minnesota	70.38	44.88	26.18	123.88	111.70	12.57	84.09	53.37	31.80	57.15	49.64	9.34
Nevada	61.76	60.18	2.72							(⁵)	(⁵)	(⁵)
New Hampshire	64.67	49.77	15.00	133.63	120.91	13.50	68.00	57.22	11.00	88.07	58.07	30.00
New Jersey				121.64	118.04	3.60	70.13	70.54	.20			
New Mexico	51.29	47.04	4.25	85.59	81.73	3.85	48.12	43.31	4.81	51.29	47.47	3.82
New York	83.34	63.58	23.19	140.39	129.05	12.93	91.96	74.34	20.83	86.42	68.43	20.85
North Carolina	32.86	31.94	.92	62.74	61.81	.92				38.64	37.64	1.00
North Dakota	71.69	54.15	18.66	121.02	111.85	10.34	58.93	55.61	3.80	78.95	56.73	23.84
Ohio	60.62	57.44	3.18	89.93	88.92	1.02	60.13	56.32	3.82			
Oregon	70.06	59.35	10.87	125.97	119.60	6.37	78.97	72.13	6.84	84.40	71.28	13.29
Pennsylvania	46.67	44.18	2.49	108.65	104.64	4.00	61.61	59.72	1.89	55.47	51.62	3.85
Rhode Island	65.10	58.41	8.29	114.83	104.83	10.00	72.30	66.61	7.34	77.51	68.29	11.95
Utah	60.54	60.45	.09	111.99	111.71	.28	66.50	66.29	.21	66.10	65.94	.16
Virgin Islands	18.55	18.08	.50	34.57	34.07	.50	(⁷)	(⁷)	(⁷)	19.42	18.92	.50
Washington	81.01	63.55	17.67	122.54	108.18	14.46	92.01	80.36	11.76	95.35	75.32	20.21
West Virginia	30.11	28.41	1.70	80.24	78.52	1.71	34.13	32.41	1.72	33.26	31.56	1.70
Wisconsin	66.34	53.17	13.35	142.21	129.38	13.00	72.79	60.15	12.74	108.87	66.07	43.07

¹ Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. Figures in italics represent payments made without Federal participation. States not shown made no vendor payments during the month or did not report such payments.

² Averages based on cases receiving money payments, vendor payments for medical care, or both.

³ Averages based on number of cases receiving payments. See tables 9-12 for average money payments for States not making vendor payments.

⁴ For aid to the permanently and totally disabled represents data for the 45 States with programs in operation.

⁵ No program for aid to the permanently and totally disabled.

⁶ Less than 1 cent.

⁷ Average payment not computed on base of less than 50 recipients.

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(Continued from page 22)

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Table 9.—Old-age assistance: Recipients and payments to recipients, by State, August 1956¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	July 1956 in—		August 1955 in—	
				Number	Amount	Number	Amount
Total ²	2,515,297	\$138,729,274	\$55.15	-0.2	+0.1	-1.4	+3.8
Ala.	101,014	3,305,204	32.72	+4	+6	+23.0	+21.4
Alaska	1,658	96,537	58.22	-1	-3	-2	-9.5
Ariz.	14,091	785,365	55.74	(³)	(³)	+1.2	+1.0
Ark.	55,248	1,834,014	33.20	+1	+2	+4	-4
Calif.	266,033	19,044,089	71.59	-1	-2	-9	+8.2
Colo. ²	52,616	4,830,099	91.80	(³)	-1	+2	+8.3
Conn.	16,333	1,482,716	90.78	+1	+8	-2.8	+1.0
Del.	1,562	70,549	45.17	-3	+2	-2.6	+10.4
D. C.	3,020	157,389	52.12	0	+1	-1.9	-4.1
Fla.	69,081	3,254,882	47.12	+1	+3	-1	+1.3
Ga.	98,156	3,769,917	38.41	+1	+2	-4	+1.0
Hawaii	1,632	70,482	43.19	-5	+5	-8.5	-19.2
Idaho	8,312	461,739	55.55	-3	-3	-3.8	-2.9
Ill.	90,009	5,537,669	61.52	-4	+4	-4.7	-5.7
Ind.	34,069	1,756,968	51.57	-3	-5	-6.3	-7
Iowa	39,407	2,501,483	63.48	-1	+3.6	-3.9	+5.6
Kans.	33,136	2,225,385	67.16	-4	(⁴)	-2.6	+6
Ky.	56,600	2,020,065	35.69	+1.1	+8	+1.9	+2.7
La.	121,970	7,425,329	60.88	+5	+6	+1.3	+20.8
Maine	11,762	590,150	50.17	-5	-4	-6.1	-4.6
Md.	10,145	487,521	48.06	-5	+2.0	-3.0	+2.5
Mass.	85,384	7,266,868	85.11	(³)	+2.0	-3.5	+7.2
Mich.	70,692	4,228,643	59.82	-2	+4	-4.6	+2.0
Minn.	50,555	3,557,950	70.38	-3	-2.4	-2.1	-1.1
Miss.	71,322	2,059,815	28.88	+2	+3	+3	+4.0
Mo.	128,402	6,398,863	49.83	-4	-4	-3.2	-2.9
Mont.	8,537	496,261	58.13	-1	-4	-4.8	-4.3
Nebr.	17,360	917,848	52.87	-1	-1	-1.8	+3.3
Nev.	2,595	160,257	61.76	+4	+6	-1.3	+5.8
N. H.	5,833	377,248	64.67	-8	-9	-6.2	+2.6
N. J.	19,654	1,484,577	75.54	+1	+5	-2.7	+6.9
N. Mex.	9,131	468,287	51.29	+5	+4.1	-12.1	+39.1
N. Y.	95,302	7,942,351	83.34	-4	+8	-5.2	+7
N. C.	51,669	1,697,962	32.86	-1	+1	-3	+3.6
N. Dak.	7,949	569,902	71.69	-2	-1.5	-3.2	+1.1
Ohio	97,631	5,918,347	60.62	-3	+1	-3.1	+5
Okl.	94,876	6,104,851	64.35	(³)	-1	-4	+4.0
Oreg.	18,271	1,280,113	70.06	-6	+6	-5.1	+2.8
Pa.	52,533	2,451,780	46.67	+2	+6	-6.2	-4.3
P. R. ⁶	44,000	354,000					
R. I.	7,819	509,020	65.10	-6	-9	-3.1	+5.5
S. C.	38,871	1,295,974	33.34	-7.8	-6.4	-1.03	-7.7
S. Dak.	10,276	463,991	45.15	+1	+2	-3.8	-3.2
Tenn.	60,592	2,070,646	34.17	-3	-1	-7.1	-8.9
Tex.	222,929	9,325,382	41.83	(⁴)	+1	(⁴)	+9.5
Utah	9,205	557,316	60.54	-2	-4	-2.2	-9
Vt.	6,651	330,280	49.66	+1	+1	-2.4	+2.5
V. I.	673	12,485	18.55	+6	+1	-2.6	-2.9
Va.	16,501	515,489	31.24	-3	-1	-4.2	-9
Wash.	56,294	4,560,221	81.01	-4	-4	-3.6	+1.9
W. Va.	22,987	692,147	30.11	-2	-3	-3.9	+4.4
Wis.	41,077	2,725,221	66.34	-5	-2.6	-4.3	-3.4
Wyo.	3,872	227,597	58.78	-1	-3	-3.0	-2.9

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Includes 4,294 recipients aged 60-64 in Colorado and payments of \$430,682 to these recipients. Such payments are made without Federal participation.

³ Decrease of less than 0.05 percent.

⁴ Increase of less than 0.05 percent.

⁵ In addition, supplemental payments of \$127,447 were made to recipients from general assistance funds.

⁶ Estimated.

Table 10.—Aid to the blind: Recipients and payments to recipients, by State, August 1956¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	July 1956 in—		August 1955 in—	
				Number	Amount	Number	Amount
Total ²	106,444	\$6,501,502	\$61.08	+0.4	+1.5	+2.2	+10.4
Ala.	1,715	57,994	33.82	+7	+1.3	+6.5	+1.3
Alaska	72	5,020	69.72	(³)	(³)	(³)	(³)
Ariz.	792	51,229	64.68	+6	+7	+7.3	+8.2
Ark.	2,056	81,515	39.65	+2	+3	+1.8	+6
Calif. ²	13,285	1,172,534	88.26	+1.0	+1	+5.0	+10.8
Colo.	328	21,554	65.71	-3	-3	+2.5	+1.0
Conn.	334	33,003	98.81	+3	+1.7	-9	+5.3
Del.	218	13,951	64.00	+5	+7	+1.9	+4.1
D. C.	261	15,726	60.25	-4	(³)	+2.0	+3.4
Fla.	2,611	129,026	49.42	-3	-4	-7.9	-7.9
Ga.	3,452	150,255	43.53	+3	+5	+1.5	+2.6
Hawaii	98	5,155	52.60	(³)	(³)	(³)	(³)
Idaho	186	11,546	62.08	+1.6	+2.6	-3.1	-1
Ill.	3,460	236,140	68.25	-1	+4	-1.9	-2.2
Ind.	1,796	111,464	62.06	-1	+7	+1.0	+12.7
Iowa	1,492	115,490	77.41	+9	+4.7	+4.7	+10.2
Kans.	631	46,251	73.30	+1.0	+2.8	+1.9	+4.4
Ky.	3,152	116,593	36.99	+1.3	+1.2	+5.5	+5.1
La.	2,065	154,827	74.98	+8	+46.1	+4	+49.9
Maine	519	27,939	53.83	-8	-6	-4.1	-3.8
Md.	466	25,087	53.83	-1.3	-4	-2.5	+1.0
Mass.	1,893	198,111	104.65	+6	+1.7	+4.7	+13.0
Mich.	1,763	119,110	67.56	+2	+1.6	-1.2	+5.9
Minn.	1,192	100,240	84.09	+4	-2.7	-4.1	+18.2
Miss.	3,918	152,354	38.89	+1.3	+1.4	+6.9	+19.8
Mo. ²	4,846	290,700	60.00	+5	+5	+15.3	+25.8
Mont.	418	27,508	65.81	-1.4	-1.6	-4.8	-3.6
Nebr.	842	54,935	65.24	+1.3	+1.3	+13.2	+26.5
Nev.	114	8,671	76.06	-1.7	-8	-9	-5
N. H.	261	17,748	68.00	0	-1.4	-4.0	+1.9
N. J.	913	64,025	70.13	+1	+3	+2.8	+4.0
N. Mex.	392	18,862	48.12	+1.0	+3	-1.8	+35.6
N. Y.	4,337	398,846	91.96	-8	+1.8	-6	+4.0
N. C.	4,975	206,494	41.51	+3	+7	+1.0	+2.7
N. Dak.	118	6,954	58.93	-8	-8	+3.5	+6.8
Ohio	3,783	227,487	60.13	+5	+2.6	+5	+5.5
Okl.	1,962	154,037	78.51	-2	(³)	-2.7	+3.3
Oreg.	328	25,901	78.97	-6	+1.6	-3	+6.1
Pa. ²	17,058	1,051,005	61.61	+1.1	+1.3	+3.0	+25.0
P. R. ⁶	1,700	14,300					
R. I.	161	11,640	72.30	0	+9	-9.0	-7.9
S. C.	1,790	68,050	38.02	0	+2	+1.4	+1.4
S. Dak.	197	8,990	45.63	-1.0	(³)	-2.5	+2.5
Tenn.	3,109	124,623	40.08	-3	-2	-5.1	-8.2
Tex.	6,563	300,227	45.75	(³)	+2	+1.0	+11.8
Utah	229	15,228	66.50	-1.7	-1.5	-1.3	-3.8
Vt.	137	6,673	48.71	+7	+2	-14.9	-16.6
V. I.	30	580		(³)	(³)	(³)	(³)
Va.	1,298	49,380	38.04	-2	+1	-8	+3.2
Wash. ²	778	71,585	92.01	-9	-2.9	+1.4	+6
W. Va.	1,178	40,203	34.13	-4	-5	-2	+6.4
Wis.	1,106	80,502	72.79	-1	+2.7	-1.8	+1.2
Wyo.	66	4,174	63.24	(³)	(³)	(³)	(³)

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, \$33,976 to 364 recipients; Missouri, \$36,448 to 590 recipients; Pennsylvania, \$693,028 to 9,552 recipients; and Washington, \$120 to 2 recipients.

³ Average payment not computed on base of less than 50 recipients; percentage change, on less than 100 recipients.

⁴ Decrease of less than 0.05 percent.

⁵ In addition, supplemental payments of \$7,631 were made to recipients from general assistance funds.

⁶ Increase of less than 0.05 percent.

⁷ Estimated.

Table 11.—Aid to dependent children: Recipients and payments to recipients, by State, August 1956¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from—			
		Total ²	Children	Total amount	Average per—		July 1956 in—		August 1955 in—	
					Family	Recipient	Number of families	Amount	Number of families	Amount
Total.....	607,755	2,231,976	1,693,529	\$54,706,719	\$90.01	\$24.51	(³)	+0.6	(⁴)	+3.7
Alabama.....	19,794	76,724	59,046	817,220	41.29	10.65	+0.7	+0.9	+6.9	-8
Alaska.....	1,339	4,683	3,464	115,593	86.33	24.68	-1.7	-1.4	+10.7	+5.6
Arizona.....	4,830	18,755	14,236	493,717	102.22	26.32	+7	+8	+2.6	+11.2
Arkansas.....	7,370	27,804	21,611	411,913	55.89	14.81	+1.1	+1.0	-2.4	-1.0
California.....	50,490	175,189	134,936	6,337,769	125.53	36.18	-1.6	-1.3	-6.0	-6.7
Colorado.....	5,747	21,960	16,953	630,463	109.70	28.71	+2	+3	+1	+2.0
Connecticut.....	5,350	17,304	12,903	763,869	142.78	44.14	+2	+2.1	+1.1	+2.8
Delaware.....	1,148	4,439	3,405	95,539	83.22	21.52	-8	-2.1	+7.6	+4.2
District of Columbia.....	2,125	9,141	7,142	224,923	105.85	24.61	+6	+1.0	+2.3	+5
Florida.....	21,594	76,950	58,952	1,193,768	55.28	15.51	+6	+8	+2.4	+3.1
Georgia.....	13,996	50,983	38,965	1,050,349	75.05	20.60	-1.1	-1.2	-2.2	-2.3
Hawaii.....	2,821	10,755	8,589	287,217	101.81	26.71	-4.1	+3.9	-13.1	-12.1
Idaho.....	1,733	6,259	4,598	221,909	128.05	35.45	+4	+5	-3.2	-2.8
Illinois.....	24,941	99,472	74,584	3,514,485	140.91	35.33	-3	+2.4	+17.8	+24.1
Indiana.....	8,741	30,960	23,038	806,036	92.21	26.03	+4	+4	+4	+3.9
Iowa.....	6,808	24,586	18,330	767,091	112.67	31.20	+2	+7	+4.8	+8.6
Kansas.....	4,576	16,768	12,950	518,518	113.31	30.92	+7	+2.3	+4.5	+7.8
Kentucky.....	18,729	68,006	51,123	1,197,846	63.96	17.61	+1	+2	-1.0	-5
Louisiana.....	19,777	77,618	59,297	1,455,418	73.59	18.75	+1.8	+2.3	+6.6	+19.8
Maine.....	4,339	15,037	10,876	365,763	84.30	24.32	-9	-7	0	-3
Maryland.....	6,302	25,811	20,050	613,920	97.42	23.79	+1.2	+2.1	+1.6	+3.4
Massachusetts.....	12,448	41,579	30,857	1,738,691	139.68	41.82	-7	+3.1	-3.4	+6.2
Michigan.....	18,974	66,502	48,764	2,219,105	116.96	33.37	(⁵)	+3	-3.8	(⁶)
Minnesota.....	7,985	27,093	20,833	969,171	123.88	36.51	+1	-2.7	+2.1	+4.6
Mississippi.....	11,653	43,086	33,560	323,141	27.73	7.50	-1	(⁵)	-8.0	+15.2
Missouri.....	19,939	71,664	53,590	1,426,762	71.56	19.91	-1.3	-3	-8.5	-3.9
Montana.....	1,973	7,085	5,447	212,094	107.50	29.94	+5	-1	-1.5	+3
Nebraska.....	2,740	10,052	7,546	269,959	98.53	26.86	+6	+7	+9.0	+13.3
Nevada.....	499	1,740	1,325	45,119	90.42	25.93	+2.9	+4.4	+172.7	+182.0
New Hampshire.....	921	3,390	2,440	123,060	133.63	36.30	-1.6	-4	-6.0	-1.7
New Jersey.....	6,518	21,492	16,198	792,823	121.64	36.89	+9	+1.4	+8.8	+11.3
New Mexico.....	6,083	22,756	17,413	520,622	85.59	22.88	(⁵)	+4	+8	+25.2
New York.....	54,116	199,913	148,586	7,597,594	140.39	38.00	+5	+1.5	+7	+4.7
North Carolina.....	18,653	71,783	54,996	1,170,235	62.74	16.30	-6	-7	+6	+1.7
North Dakota.....	1,617	5,925	4,545	195,684	121.02	33.03	+4	+1	+9.0	+13.0
Ohio.....	17,258	66,072	50,249	1,552,029	89.93	23.49	+4	+8	+8.6	+3.1
Oklahoma.....	15,717	52,940	40,327	1,309,524	83.32	24.74	+6	+1.6	0	+7.8
Oregon.....	3,005	10,445	7,724	378,548	125.97	36.24	+3	+2.1	-4.5	+4.7
Pennsylvania.....	29,256	112,542	85,327	3,178,575	108.65	28.24	+1.6	+3.3	+2	+4.1
Puerto Rico ⁶	43,000	151,200	116,100	487,500						
Rhode Island.....	3,458	12,079	8,951	397,068	114.83	32.87	+3	+7	-1.3	+2.9
South Carolina.....	7,945	30,615	23,902	376,292	47.36	12.29	-7	-9	-3.3	-3.7
South Dakota.....	2,771	9,282	7,071	233,014	84.09	25.10	+7	+5	+9	+2.1
Tennessee.....	19,494	70,557	52,780	1,219,536	62.56	17.28	+1	+4	-6.5	-2.6
Texas.....	21,252	86,558	65,578	1,377,325	64.81	15.91	-7	-9	-7.8	+6.0
Utah.....	2,826	9,865	7,301	316,474	111.99	32.08	-2	+3	-5.2	-5.7
Vermont.....	1,062	3,639	2,715	83,500	78.63	22.95	-1.5	-2.3	-1.9	-3.0
Virgin Islands.....	240	871	715	8,297	34.57	9.53	+4.3	+3.5	+15.4	+14.0
Virginia.....	8,809	34,535	26,809	595,589	67.61	17.25	-6	-1.1	+9	+4.1
Washington.....	8,798	30,506	22,508	1,078,092	122.54	35.34	-1.0	-1.7	+2.1	+5.4
West Virginia.....	17,746	67,161	52,088	1,423,871	80.24	21.20	-2	-3	-2.3	+7.2
Wisconsin.....	7,879	27,792	20,568	1,120,491	142.21	40.32	-5	-3.3	-1.0	-6
Wyoming.....	570	2,053	1,568	63,599	111.58	30.98	+5	+6	+3.4	+6.4

¹ For definition of terms see the *Bulletin*, January 1955, p. 16. All data subject to revision.² Includes as recipients the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.³ Increase of less than 0.05 percent.⁴ Decrease of less than 0.05 percent.⁵ In addition, supplemental payments of \$175,444 were made from general assistance funds to 4,749 families.⁶ Estimated.

SURVEY OF FAMILY MEDICAL CARE COSTS

(Continued from page 10)

of coinsurance to the net effect of these policies on a family's own liability is of less significance than the size of the corridor. In the example presented in table 12, a shift of 5 percent in the coinsurance—from the 25 percent used to 20 percent—would have reduced the family's direct out-

lay by 2 percent when the corridor was \$100 and by 1 percent when it was \$200. On the other hand, improvement in the benefits provided by the basic insurance coverage would have reduced direct family expenditures in almost the same ratio that benefits represented of total family expenditures.

This study, though small in scale, offers concrete evidence that health

insurance is doing much to assist families in meeting medical care costs; it also shows that there is room for improvement. Rural families, which are larger than the average family, would benefit if they were protected in the same proportions as urban families. A period of stocktaking appears to be desirable to determine the directions improvements should take.

Table 12.—Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, August 1956¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	July 1956 in—		August 1955 in—	
				Number	Amount	Number	Amount
Total	261,594	\$14,914,756	\$57.01	+0.6	+1.8	+8.9	+12.1
Ala.	11,959	414,649	34.67	+9	+1.3	+13.6	+8.9
Ark.	5,926	188,571	21.82	+2.7	+2.9	+20.3	+22.7
Calif.	5,076	297,493	58.61	+7	+1.1	+2.5	+4.9
Conn.	2,184	259,966	119.03	+1.6	+1.1	+10.4	+14.0
Del.	400	22,572	56.43	+5.0	+5.7	+40.8	+49.5
D. C.	2,373	145,638	61.37	+1.7	+1.7	+7.6	+9.7
Fla.	3,457	166,200	48.08	+3.9	+4.4	(2)	(2)
Ga.	12,437	526,912	42.37	+1.3	+1.4	+23.2	+24.3
Hawaii	1,307	69,404	53.10	-1	-3	-8	-17.1
Idaho	906	55,761	61.55	+2	-5	+6.7	+6.9
Ill.	9,628	754,991	78.42	+1.2	+1.5	+57.7	+51.4
Kans.	3,918	282,809	72.18	+1.1	+2.5	+13.3	+19.9
La.	14,031	642,933	45.82	+7	+8	+6.9	+14.7
Maine	708	41,196	58.19	+5.0	+5.0	+203.9	+216.7
Md.	5,066	286,327	56.52	-6	+8	+7.0	+12.5
Mass.	11,097	1,196,196	107.79	+1.6	+5.8	+6.7	+14.4
Mich.	2,613	208,208	79.68	+2.0	+1.8	+12.1	+24.2
Minn.	1,350	77,149	57.15	+2.7	+2.7	+74.0	+72.5
Miss.	3,776	92,836	24.59	(3)	-1	+20.4	+20.3
Mo.	13,464	702,382	52.17	+3	+3	-5.3	-4.8
Mont.	1,455	94,946	65.25	+3	+2	+2.8	+4.3
Nebr.	1,052	58,786	55.88	+3.6	+3.8	-	-
N. H.	294	25,892	88.07	+3.2	+4.6	+17.6	+41.2
N. J.	4,116	358,481	87.09	+1.7	+2.4	+19.2	+29.0
N. Mex.	1,698	87,090	51.29	+9	+11.8	-9	+63.6
N. Y.	40,067	3,462,391	86.42	+1	+1.7	-1.3	+2.2
N. C.	13,305	514,108	38.64	+8	+1.0	+15.2	+18.8
N. Dak.	949	74,927	78.95	+6	+2	+6.6	+8.7
Ohio	8,445	425,437	50.38	+1.6	+1.5	-2.9	-1.9
Okla.	6,720	395,910	58.92	+1.4	+1.9	+11.4	+12.5
Oreg.	3,277	276,595	84.40	(4)	+8	+1.4	+14.4
Pa.	12,839	712,230	55.47	+7	+1.3	-2.3	+9
P. R. ⁵	20,000	191,800	-	-	-	-	-
R. I.	1,599	123,944	77.51	+2.0	+2.5	+6.8	+8.7
S. C.	7,776	247,414	31.82	-3	-2	-3.4	-3.0
S. Dak.	791	36,959	46.72	-8	-6	+12.0	+12.8
Tenn.	2,568	100,302	39.06	+5.5	+5.8	+66.8	+63.7
Utah	1,791	118,380	66.10	+1	+6	+8	+2.3
Vt.	553	27,835	50.33	+1.1	+1.1	+18.7	+18.9
V. I.	104	2,020	19.42	+3.0	+3.9	+4.0	+3.9
Va.	5,070	198,110	39.07	+1.1	+2	+8.4	+7.9
Wash.	5,320	507,258	95.35	-6	-1.8	-8	+4.6
W. Va.	8,428	280,280	33.26	-5	-6	-2.0	+4.3
Wis.	1,212	131,953	108.87	0	+11.9	+7.0	+18.0
Wyo.	489	29,515	60.36	+1.9	+2.5	+8.9	+9.2

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Not computed on base of less than 100 recipients.

³ Decrease of less than 0.05 percent.

⁴ In addition, supplemental payments of \$12,951 from general assistance funds were made to some recipients in Nebraska and \$53,984 to 2,113 recipients in Ohio.

⁵ Increase of less than 0.05 percent.

⁶ Estimated.

Table 13.—General assistance: Cases and payments to cases, by State, August 1956¹

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of cases	Payments to cases		Percentage change from—			
		Total amount	Average	July 1956 in—		August 1955 in—	
				Number	Amount	Number	Amount
Total	296,000	\$16,024,000	\$54.11	+3.0	+6.6	-0.3	+1.9
Ala.	189	4,431	23.44	+1.6	+2.2	+18.1	+14.5
Alaska	150	9,052	60.35	+4.2	+4.3	+7	+19.5
Ariz.	1,949	85,242	43.74	+5.4	+3.6	+12.4	+13.8
Ark. ²	388	4,998	12.88	+6.6	-1.1	-3.5	-3.4
Calif.	28,007	1,446,752	51.66	-9	-3	-4.7	-4.7
Colo.	1,425	53,929	37.84	+3.0	+3	+4.2	+2.9
Conn.	2,792	151,615	54.30	+8.5	+10.6	-4.8	-7.4
Del.	896	51,781	57.79	-3.4	-1.5	-12.7	+6.4
D. C.	593	36,391	61.37	-8	-9	+12.5	+10.7
Fla. ³	5,200	88,900	-	-	-	-	-
Ga.	2,210	50,072	22.66	+8	+6.5	-3.5	-2.8
Hawaii	1,607	85,748	53.36	-3.8	-3.6	-25.9	-30.8
Idaho	59	3,093	52.42	(7)	(7)	(7)	(7)
Ill.	28,192	1,951,299	69.21	+3.0	+7.3	-19.6	-20.1
Ind. ⁴	16,649	563,647	33.85	+40.1	+39.3	+57.3	+59.3
Iowa	3,650	118,655	32.51	+9	+4.3	+7.4	+12.4
Kans.	1,763	94,215	53.44	-9	+7	-5.9	-5.8
Ky.	2,188	65,120	29.76	-11.7	-16.2	-22.4	-18.7
La.	8,319	349,611	42.03	+1.3	+1.9	+9.7	+16.9
Maine	2,699	123,044	45.59	-3.2	-2.2	-12.1	-5.6
Md.	1,898	103,006	54.27	+9	+1.5	+8.7	+10.0
Mass.	10,021	590,548	58.93	-2.7	+1.6	-16.8	-8.0
Mich.	19,449	1,509,302	77.60	+4.0	+12.9	+22.9	+53.8
Minn.	6,119	352,124	57.55	+12.4	+18.5	+9	+8.7
Miss.	985	14,300	14.52	-5	0	-3.2	+5.2
Mo.	6,412	307,512	47.96	+8	-7	+2.9	+23.0
Mont.	698	24,443	35.02	-3.9	-4.8	+15.6	+32.7
Nebr.	1,254	48,195	38.43	+4.0	+10.6	-7.0	-15.3
Nev. ⁵	330	10,900	-	-	-	-	-
N. H.	791	36,605	46.28	-6.2	-3.0	-17.9	-15.3
N. J. ⁶	6,492	501,837	77.30	-1.0	+1.0	-10.1	-10.0
N. Mex.	300	8,254	27.51	-7.4	-2.6	-25.0	-20.4
N. Y.	10,24,513	1,876,657	76.56	-2	+1.7	-9.9	-11.5
N. C.	2,601	61,960	23.82	+5.2	+14.5	+22.7	+31.9
N. Dak.	330	14,203	43.04	+3.4	+6.7	-3.8	+8.0
Ohio ⁷	28,705	1,451,075	50.55	+2.7	+5.7	+7.6	+6.9
Okla. ⁸	7,600	133,100	-	-	-	-	-
Oreg.	3,100	170,489	-	-	-2.2	-	+55.4
Pa.	26,201	1,878,258	71.69	+12.1	+24.4	+5.9	+12.2
P. R. ⁹	900	6,700	-	-	-	-	-
R. I.	3,164	216,545	68.44	-7.0	-4.8	-7.0	-10.3
S. C.	1,705	39,502	23.17	-3.6	+1	-10.3	-9.1
S. Dak.	1,076	32,650	30.34	0	-3.8	-9	-12.3
Tenn.	1,889	34,923	18.49	-4.1	+9.1	-20.9	-11.1
Tex. ¹⁰	9,200	209,000	-	-	-	-	-
Utah	1,487	90,159	60.63	-2.2	-4.5	-2.2	-4.6
Vt. ¹¹	1,000	43,100	-	-	-	-	-
V. I.	121	2,293	18.95	-8	-2.5	+21.0	+20.2
Va.	1,783	63,563	35.65	+2	+2.4	-15.9	-16.7
Wash.	9,537	615,338	64.52	-3.5	-3.2	+6.5	+10.9
W. Va.	2,634	79,139	30.05	-5.0	-5.3	+21.6	+28.4
Wis.	6,690	467,775	69.92	-1.9	-2.1	-3.6	-3.3
Wyo.	226	10,901	48.23	+13.0	+8.6	+20.9	+19.3

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Partly estimated; does not represent sum of State figures because total excludes for Indiana and New Jersey an estimated number of cases receiving medical care, hospitalization, and burial only and payments for these services.

³ State program only; excludes program administered by local officials.

⁴ About 10 percent of this total is estimated.

⁵ Partly estimated.

⁶ Excludes assistance in kind and cases receiving assistance in kind only and, for a few counties, cash payments and cases receiving cash payments.

⁷ Percentage change not computed on base of less than 100 cases.

⁸ Includes an unknown number of cases receiving medical care, hospitalization, and burial only, and total payments for these services.

⁹ Estimated.

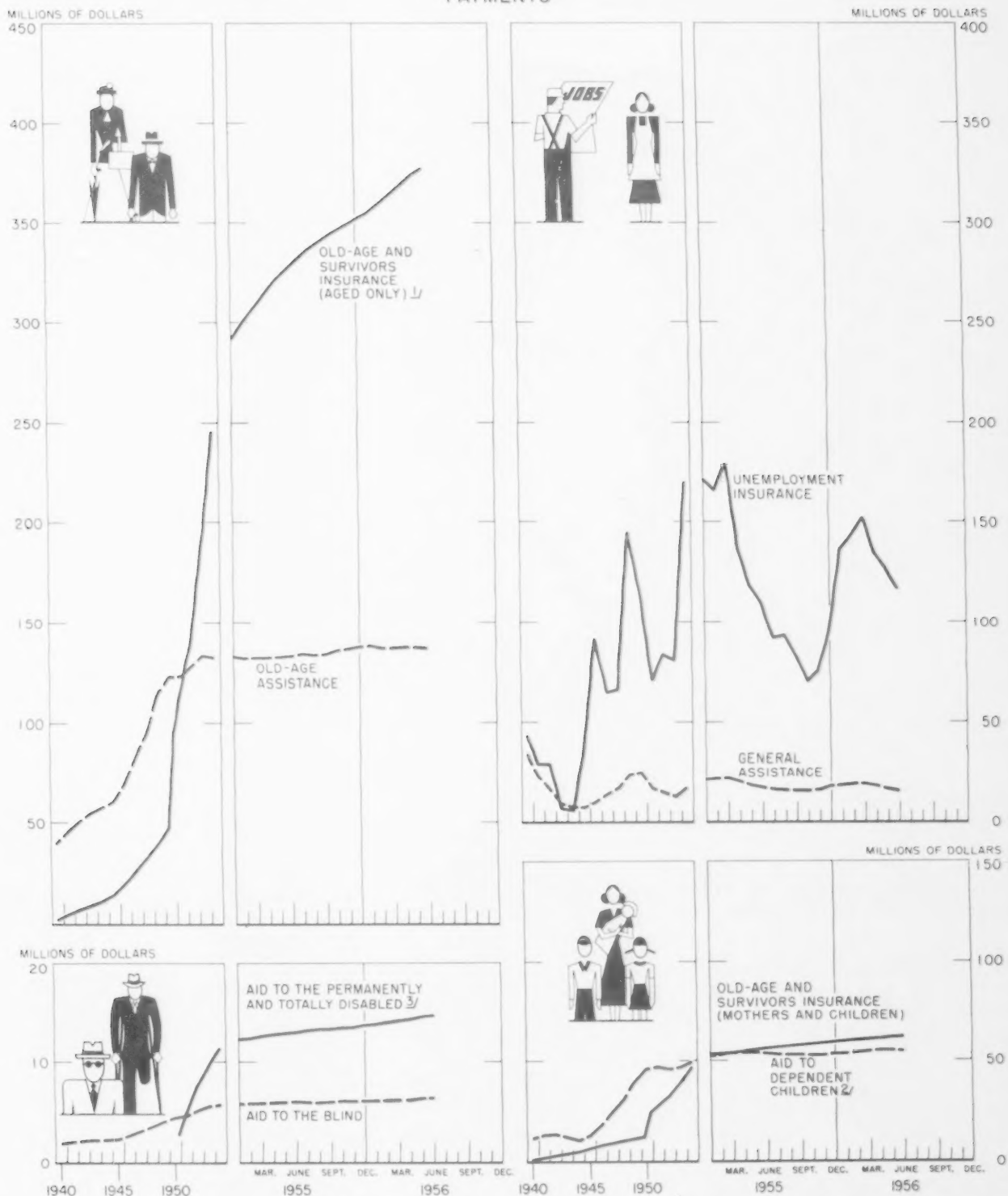
¹⁰ Includes cases receiving medical care only.

¹¹ Includes 7,274 cases and payments of \$241,094 representing supplementation of other assistance programs.

¹² Estimated on basis of reports from sample of local jurisdictions.

Social Security Operations*

PAYMENTS



* Old-age and survivors insurance: benefits paid during month (current-payment status); annual data represent average monthly total. Public assistance: payments during month under all State programs; annual data represent average monthly total. Unemployment insurance: gross benefits paid during month under all State laws; annual data represent average monthly total.

¹ Receiving old-age, wife's or husband's, widow's or widower's,

or parent's benefit. Beginning September 1950, includes a small proportion of wife beneficiaries under age 65 with child beneficiaries in their care.

² Children plus 1 adult per family when adults are included in assistance group; before October 1950, partly estimated.

³ Program initiated October 1950.

NOTE: Data for payments and data for individuals receiving payments appear in alternate months.

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